

***"YOU'RE AMAZING"***  
**BASELINE EVALUATION TECHNICAL REPORT**



A Partnership for Healthier Living



**"You're Amazing"  
Baseline Evaluation Technical Report**

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## **YOU'RE AMAZING:**

### **BASELINE TECHNICAL REPORT**

#### **1. THE PROVINCIAL HEALTH PROMOTION PROJECT**

The Provincial Health Promotion Project is an initiative, spearheaded by Alberta Health, designed to increase young parents' awareness of the broad determinants of well-being and health and to encourage their active involvement in looking after their own, their family's, and their community's well-being and health. This initiative evolved into the "You're Amazing" program, which is a media, marketing, and advertising campaign designed to promote well-being and health for young parents, their families, and their communities. A key aspect in the development of the "You're Amazing" program involves establishing links to communities and existing health promotion programs through a variety of partnerships. The primary target group, "young parents," is parents 18 to 30 years of age. The secondary target group, "influencers," is individuals who have regular contact with, and an influence on, young parents.

#### ***The "YOU'RE AMAZING" program has three goals:***

1. To increase young parents' awareness of the broad determinants of their own, their family's, and their community's well-being and health;
2. To increase young parents' awareness of their role in looking after their own, their family's, and their community's well-being and health; and
3. To increase young parents' active involvement in looking after their own, their family's, and their community's well-being and health.

#### **2. CONCEPTUAL FRAMEWORK**

Both the "You're Amazing" program and the evaluation study are guided by the World Health Organization's conceptualization of health as a state of complete physical, mental, and social well-being, and not merely the absence of disease. This means that many different determinants of well-being and health are recognized. For the purposes of this study, the determinants of well-being and health are those conceptualized by the Federal, Provincial and Territorial Advisory Committee on Population Health (1994).

#### ***Determinants of Well-Being and Health***

- Income and Social Status
- Social Support Networks
- Personal Health Practices
- Coping Skills
- Child Development



- Employment and Working Conditions
- Education
- Physical Environments
- Health Services
- Biology and Genetic Endowment

The purpose of the "You're Amazing" program is to encourage young parents to think of the determinants of well-being and health as more than biology, genetics, and interaction with health services such as medical doctors and hospitals. The intent of the program is to go beyond addressing risk-related behaviours such as smoking, drinking, unsafe driving, etc. and focus on coping skills and social support networks. Accordingly, the program will not focus on biological, genetic, health service, or risk-related factors. The "You're Amazing" program is designed to increase awareness of the importance of the other determinants of well-being and health including income (budgeting), supportive social networks, coping skills (dealing with daily stress), child development (early childhood experiences), employment and working conditions, and coping skills. Accordingly, the evaluation study will examine young parents' awareness of these environmental, social, socio-economic, and personal determinants of well-being and health before and after the "You're Amazing" program. In addition, the evaluation study will examine young parents' awareness of their role and involvement in looking after their own, their family's, and their community's well-being and health.

### **3. PURPOSE OF THE EVALUATION STUDY**

The purpose of the evaluation study is to assess the effectiveness of the Provincial Health Promotion Program (You're Amazing) in increasing young parents' awareness of the broad determinants of well-being and health and in increasing their involvement in looking after their own, their family's, and their community's well-being and health.

#### ***The evaluation study has five specific objectives:***

1. To assess the effectiveness of the "You're Amazing" program in increasing young parents' awareness of the broad determinants of their own, their family's, and their community's well-being and health;
2. To assess the effectiveness of the "You're Amazing" program in increasing young parents' awareness of their role in looking after their own, their family's, and their community's well-being and health;
3. To assess the effectiveness of the "You're Amazing" program in increasing young parents' active involvement in looking after their own, their family's, and their community's well-being and health;
4. To assess the visibility to young parents of the "You're Amazing" program;
5. To assess the response of young parents to the various "You're Amazing" program elements.

#### **4. EVALUATION FRAMEWORK**

The evaluation study will use a before - after design to assess changes resulting from the intervening "You're Amazing" program. The baseline study will assess responses to questions that measure awareness of the determinants of health that are the focus of the "You're Amazing" program as well as their awareness of determinants that are not part of the central program focus. This will provide an internal "control" that will allow us to separate the effects of the "You're Amazing" program from broader currents of change.

The evaluation study consists of a baseline survey conducted before the "You're Amazing" program began and two follow-up surveys of the same respondents conducted after start-up. Both young parents (parents 18 to 30 years of age) and influencers (individuals associated with young parents) are interviewed. In addition, in-depth interviews have been conducted with a sub-sample of the young parents before the "You're Amazing" program begins and will also be conducted at the end of the program process.

The baseline questionnaire will establish a benchmark for assessing the degree of success of the "You're Amazing" program. The questions used in the baseline survey will be repeated in each of the follow-up questionnaires. Additional questions will be asked in the follow-up surveys to determine the visibility of, and public response to, the "You're Amazing" initiatives. Each interview lasted between 25 and 45 minutes. In-depth interviews lasted between 30 and 45 minutes.

#### **5. SAMPLING DESIGN**

The province of Alberta was delineated into two areas for telephone interviewing, Urban areas (population over 25,000) and Rural areas. This was done to see if there are differences in awareness of the determinants of health between Urban and Rural respondents. This delineation will also be used in the panel study to determine whether there were any differences with respect to exposure to "You're Amazing."

Two population universes were designated for telephone interviewing. Persons between 18 and 30 years of age who were parents and, at the time of the survey, were living in a dwelling unit in Alberta that could be contacted by direct-dialing, were referred to as the Young Parent Audience. Adults who interact with parents 18 to 30 years of age, and might have an influence on them, were considered the Influencer Audience.

A random-digit dialing approach was used to ensure that respondents had an equal chance to be contacted whether or not their household was listed in a telephone directory. The Population Research Laboratory (PRL) has developed and updated a database of five-digit telephone banks (i.e. 403-xxx-xx) covering all of Alberta.

Two samples were drawn from this database by using a computer program to select, with replacement, a simple random sample of banks for each area and appending a random number

between 00 and 99 to each number selected. The two samples correspond to Rural and Urban phone numbers in Alberta. All duplicate telephone numbers were purged from the computer-generated list.

Table 1 shows the final breakdown of the telephone samples by gender of the respondent.

TABLE 1								
UNWEIGHTED SAMPLE SIZES BY AREA AND GENDER								
	Young Parent Urban	%	Young Parent Rural	%	Influencer Urban	%	Influencer Rural	%
Male	63	26.0	88	22.3	80	33.6	70	24.2
Female	179	74.0	306	77.7	158	66.4	219	75.8
Total	242	38.1	394	61.9	238	45.2	289	54.8

Although phone numbers were identified as rural or urban, sample quotas were not implemented because of financial limitations. Thus, the sample breakdown reflects the sample easiest to reach, primarily, rural females. Although there is a preponderance of females over males in the sample, a decision was made on substantive criteria not to adjust the sample of young parents by gender. This decision is based on the observation that, if the unit of analysis is the family, and the primary caregiver represents this unit, females will be over-represented. The decision is also linked to the anticipated focus of the "You're Amazing" program messages--coping with the day to day challenges of parenting. In this context, the primary caregiver, usually a female, will be most receptive to the program.

However, the reach of the program initiatives is intended to cover all areas of the province equally. Accordingly, weights for adjusting the sample size were calculated by comparing the sample with the 1996 Canadian Census data for rural and urban strata for populations age 18 to 30 years. When strict male-female comparisons are required in the analysis, an alternate set of weights for the young parents has been developed from the 1996 Census population by sex for the ages 18-30 years by urban/rural strata. Furthermore, because the unit of analysis for influencers is the individual, weights for the influencers sample were developed from the 1996 Census population by sex for the ages 18 and over by urban/rural strata. All percentages reported will be based on the weighted sample. When alternate weights are used, they will be noted.



## **6. THE SURVEY INSTRUMENT**

Separate questionnaires were used for young parents' baseline survey, the in-depth baseline survey, and the influencers' baseline survey. The survey instruments for this study were developed by the PRL team in consultation with the "You're Amazing" Evaluation Steering Committee.

### ***Young Parents' Questionnaire***

The questionnaire (Appendix B) for the young parents contained the following five elements:

**1. Questions about the determinants of well-being and health**

Respondents were asked how important such factors as physical environments, social networks, child development, socio-economic factors and personal health practices and coping skills are for the well-being and health of themselves, their families, and their communities. They were also asked open-ended questions about what factors contribute to well-being and health, and what are barriers to well-being and health.

**2. Questions regarding attitudes about personal role in looking after well-being and health**

Respondents were asked questions regarding their attitudes about their personal role in looking after their own, their family's, and their community's well-being and health. These questions focus on personal role with regard to a wide range of determinants of well-being and health, as identified in #1 above.

**3. Questions about behaviours relating to well-being and health**

Respondents were asked questions about their current behaviours, awareness of need to make changes, intention to make changes, and changes made. These questions focus on personal change, change at the family level, and change in the community. These questions also focus on behaviours with respect to a wide range of determinants of well-being and health, as identified in #1 above.

**4. Questions about current well-being and health status.**

The previous questions ask about awareness of determinants of well-being and health and about attitudes toward one's role and involvement in promoting well-being and health. Respondents were also asked to rate their own, their family's, and their community's current well-being and health. Ratings were obtained for the health, well-being, happiness, and satisfaction of the respondent and her/his family. Ratings were also obtained for perceptions of community quality of life. While questions 1 to 3 (above) focus on the determinants of well-being and health, question 4 focuses on perceived outcomes. By measuring perceived outcomes as well as determinants, it may be possible to examine reciprocal relationships between perceived health outcomes and their "determinants."

**5. Demographic variables.**

Data were obtained for the following demographic variables: age (of respondent, respondent's

spouse, and respondent's children), sex (of respondent), marital status and family composition (two parents present, one parent, number of children, blended vs. unblended families), socio-economic status (level of education, level of income, employment status), and chronic conditions of family members.

### ***Influencers' Questionnaire***

The questionnaire (Appendix B) for the influencers contained similar elements to allow for comparison with the young parents. The influencers were not, however, asked about their own current well-being and health status.

The questionnaire was pretested by trained interviewers between March 19 and April 1, 1997. Eighteen Young Parent and 28 Influencer interviews were completed. Interviewer comments (e.g. confusing wording, inadequate response categories, question order effect, etc.) and pretest frequency distributions were reviewed by the "You're Amazing" Evaluation Steering Committee, and then modifications were made to the questionnaire. All questions and survey instructions were submitted to a University Research Ethics Committee to ensure suitability for administration to the general public.

## **7. DATA COLLECTION**

The "You're Amazing" Evaluation Baseline Survey was administered through the eighteen-station CATI (Computer-Assisted Telephone Interviewing)<sup>1</sup> system installed on a local area network at the PRL. This system facilitates the exchange of information among interviewing PC stations and supervisor stations linked via a file server during the data collection period. Supervisors monitor call dispositions, field edit, track interviewer productivity, and accumulate data for analysis.

Following the pretest, the telephone database was loaded into the CATI system which randomly allocated telephone numbers to the interviewing stations. The question text and instructions were presented on the computer screen to the interviewer who asked the questions to the respondent over the telephone and then entered the given responses into the computer. CATI features such as the automatic routing of questions and built-in checks for inconsistencies and wild codes eliminated the need for editing by the interviewers. Since the interviewers keyed in the responses directly into the computers, a continual monitoring of the closed-ended responses was possible.

At the end of the interviewing period, coding frames were developed and the open-ended question responses were electronically coded by professional coders. The open-ended codes were then merged with the close-ended codes and converted to a SPSS system file for additional cleaning, labeling and analysis.

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<sup>1</sup>The Ci3 CATI System is a PC-based product of Sawtooth Software, Evanston, Illinois.

The interviewing began April 9<sup>th</sup> and was completed by May 29<sup>th</sup>. All of the telephoning was conducted from a supervised location at the University of Alberta, primarily during evening and weekend hours. If the interviewers were unsuccessful in establishing contact on their first call, they were to make a minimum of ten callback attempts before declaring a telephone number as "no contact." Upon making contact, the interviewer identified herself/himself, verified the telephone number, and then asked the screening questions for selecting the respondent. Before administering the questionnaire, the interviewer advised the respondents that their participation was voluntary, their responses would be kept completely confidential and they could terminate the interview at any time. Ten percent of the respondents were re-contacted by the telephone supervisors for interviewing validation.

The data were tabulated and cleaned using the SPSS 6.1 for Windows<sup>2</sup> statistical package. The data cleaning process included wild code, discrepant value, and consistency checks. The resultant data set contains 1181 cases (Young Parent Audience-654 cases; Influencer Audience-527 cases) with a total of 727 variables.

### ***Qualitative Interviews***

Qualitative data were also collected from a sub-sample of 50 young parents through in-depth telephone interviews. Respondents were selected as a purposive sample drawn to represent geographic areas (rural/urban), income levels (household income less than \$35,000/household income greater than or equal to \$35,000), education (High School diploma or less/some post-secondary education), and age (18-24 years and 25-30 years). The purpose of this qualitative study is to allow respondents to elaborate in their own words on their answers to the structured questionnaire items. Open-ended questions and probes were used to facilitate elaboration.

## **8. REPORTING THE RESULTS**

This report reviews the results of the baseline survey which was conducted in April and May, 1997, just prior to the program implementation in June, 1997. This report will present and analyse the results of the baseline surveys of the young parents, the influencers, and the in-depth interviews. The young parent's responses to open-ended questions about awareness of determinants, awareness of role, and involvement in promoting well-being and health are compared with the influencers' responses to provide some perspective on the young parents' levels of awareness of the determinants of health. Comparisons with a Canada-wide sample and an Alberta sub-sample is also made between the baseline samples' (both young parents and influencers) responses to comparable questions from the "Public Perceptions of the Determinants of Health"(PPDH), Canada's Health Monitor. A further comparison young parents' responses with responses from sub-samples of the PPDH by age group and parenting status is also carried out in this report.

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<sup>2</sup>SPSS (Statistical Package for the Social Sciences) is a product of SPSS Inc., Chicago, Illinois.

### ***Sub-sample Comparisons***

Cross-tabulations by place (Urban and Rural), gender (Male and Female), age (18 to 25 and 26 or over), and socio-economic status (household income less than \$35,000 and household income equal to or greater than \$35,000) were carried out to determine initial differences with respect to the three basic components of the "You're Amazing" program: Awareness of the Determinants of Well-being and Health; Awareness of Role in Promoting Well-being and Health; and Involvement in Promoting Well-being and Health. Results of these comparisons are reported in the discussion of the general sample results when significant differences arise and tables will be presented in Appendix A. Data in the comparison tables is presented as a percentage of the weighted group.

For this report, comparisons between sample sub-groups will only be conducted for responses to the following open-ended questions that correspond to the three basic components of the aims of the program:

#### ***Awareness of Determinants***

##### ***Personal Well-being and Health***

- E1. The well-being and health of a family is very complex. Considering all parts of your life—social, physical, economic, emotional, spiritual—what factors contribute the most to your family's well-being & health?
- E4. Considering all parts of your life, what things have been barriers to your family's well-being & health?

##### ***Community Well-being and Health***

- F5. What contributes the most to a healthy community?

#### ***Awareness of Role in Promoting Well-being and Health***

- E7. In the future, what do you plan to do to improve your well-being and health and the well-being and health of your family?

#### ***Involvement in Promoting Well-being and Health***

##### ***Personal Well-being and Health***

- D1. In the past 12 months, have you made any changes in your habits or lifestyle to improve your well-being or health?  
*If yes, what changes have you made?*
- E3. What do you or your family do to promote the well-being and health of your family?

##### ***Community Well-being and Health***

F7. What do you or your family do to promote to the well-being and health of your community?

Responses to these open-ended questions were assigned to the determinants of well-being and health as noted on page one of this report. The tables of responses to open-ended questions in this report show how specific responses were categorized within the determinants. While a single response type was only assigned to a single determinant, it is recognized that the determinants are not mutually exclusive, e.g., "saving money/budgeting" could fit under either Income and Social Status or Coping Skills, or "don't allow smoking in the house" could fit under Personal Health Practices or Physical Environments. "Other" and "Don't Know" categories were also included. "Other" is a general category for items mentioned that were not easily classified in a determinant category and "Don't Know" was assigned to respondents who said they did not know or understand what would or would not contribute to well-being and health.

Respondents were not prompted with possible responses and could cite up to four factors in each question. If a respondent gave more than one response that fit into only one health determinant category, the responses were collapsed into a single response, however, if the responses fell into more than one category, each response was assigned accordingly.



## **YOUNG PARENTS' SURVEY RESULTS**

The results reported here are based on the completed structured questionnaires and the in-depth interviews. In this analysis, the qualitative responses are used to provide further insight into young parents' responses to the structured questionnaire.

Following a brief description of the sample demographics, the summary of the results will be presented using the primary goals of the project as a framework: awareness of the determinants of health for personal, family and community well-being; awareness of roles in promoting personal, family and community well-being and health; behaviours in promoting personal, family and community well-being and health. Also included are sections on sources of health information, and topics of interest related to well-being and health.

### **9. DEMOGRAPHICS**

Current statistics were not available during preparation of this report to determine the representativeness of this sample with respect to the demographic characteristics mentioned below. These statistics are forthcoming and will be presented as an addendum to this report once they are received.

#### ***Age***

A substantial majority of respondents (70%) are over 25 years of age, while 31 percent are between 17 to 25 years. The largest single age group is age 30, representing 13 percent of all respondents. The ages of respondents' spouses or partners range from 19 to 46 years. The largest single age group again is age 30 (18%).

#### ***Sex***

Females make up a large majority (76%) of respondents while male respondents comprise 24 percent of the sample. Male representation increases as age increases.

#### ***Marital Status***

A large majority, 80 percent of all respondents, are currently in couple relationships—married and living with a spouse, in a common-law relationship, or living with a partner. Never married respondents make up 15 percent of the sample, while 5 percent of respondents live singly due to separation, divorce, or widowhood.

#### ***Number of Children***

Respondents most often (45%) reported having one child. While 38 percent report having two children, and 13 percent reported having three children, very few respondents have more. Four percent reported having four children, and less than 1 percent of the sample reported having more than four children.

### ***Education***

Respondents were asked to provide both the number of years of schooling completed and their highest level of complete or incomplete education. The most frequently chosen response is twelve years of completed schooling, reported by 31 percent of respondents, which corresponds to the 30 percent who responded they had completed high school. Respondents' second most frequently cited level of education is non-university complete (25%). Fifteen percent of respondents have less than high school education, while 13 percent have completed university programs at the diploma, Bachelors, professional, Masters or Doctorate level.

The responses for number of years of schooling completed and highest education level of education completed by spouse/partner corresponds to that of respondents, with 29 percent having completed 12 years of education and 27 percent having completed high school. Similarly, "non-university complete" is the next most frequent response (27%). Twenty percent of spouse/partners have less than high school education, while 14 percent have completed university programs at the diploma, Bachelors, professional, Masters or Doctorate level.

### ***Employment***

Fifty-nine percent of respondents are currently employed. In the past 12 months, 39 percent worked for the entire time period, while one quarter (25%) were employed for less than one month. Thirteen percent were currently attending school.

### ***Income***

Annual household income ranges from under \$5,000 to over \$100,000. Fifty-two percent of respondents reported an annual household income of less than \$35,000 while 48 percent reported \$35,000 or more. It is noteworthy that one-quarter of the sample report an income \$20,000 or lower. The median income for this sample is \$32,500.

### ***Citizenship Status***

Ninety percent of respondents were born in Canada. Of those not born in Canada (11%), 39 percent immigrated within the last ten years, with the remainder (61%) having immigrated prior to that time.

## **10. BASELINE MEASUREMENT OF GOALS**

The three goals of the "You're Amazing" program are to increase young parents' awareness of the determinants of health, to increase their awareness of their role in promoting well-being and health, and to increase their involvement in promoting their own, their family's and their community's well-being and health. Both quantitative and qualitative measures are used to establish a baseline measure for comparison with follow-up survey results.

Respondents were first asked a series of open-ended questions, without prompting, regarding their perception of the contributors and barriers to well-being and health and what they do or intend to do to promote well-being and health. Respondents were allowed to provide up to four responses for each question. The responses to these questions are reported as given and also, as noted previously, were coded into determinant categories, for sub-sample comparisons. Following the open-ended questions, respondents were asked fixed response questions for rating the importance or effect of specific determinants of well-being and health. All of these measures provide a benchmark for establishing respondents' awareness levels.

## **11. AWARENESS OF DETERMINANTS**

This section reports young parents' responses to questions about what factors contribute to the well-being and health of the family and the well-being of a community, and what barriers to well-being and health exist for their family, along with the results from fixed response questions about determinants of well-being and health. It is assumed that the unprompted responses to the open-ended questions provide the best measure of what young parents view as health determinants, and that the fixed response questions provide support for these responses, as well as a measure of respondents' awareness of the effect of all the determinants of well-being and health, whether or not they were mentioned in the open-ended responses.

### ***Contributors to Well-being and Health - Family/Personal***

When asked an open-ended question, "What contributes to your family's well-being and health," respondents listed a wide range of factors, while only 8 percent of respondents reported not knowing what contributes to their family's well-being and health (Table 2). These factors were classified according to the ten determinants of health identified earlier in this report. The most frequently occurring responses relate to four determinants: personal health practices - good nutrition (39%), biology and genetic endowment - good physical health (28%), social support networks - time with family (27%), and income and social status - financial security (19%). Another 18 percent place importance on a secure, stable home life, which contributes to child development.

When asked how factors contribute to health in the in-depth interviews, young parents focus on how the determinants contribute to making their lives more enjoyable and having energy to do what they want, rather than emphasizing disease prevention. Even when describing how practices such as nutrition affect well-being, they focus on being able to do more rather than preventing illness. Some respondents also identified how the factors provide a healthy



environment for children.

**TABLE 2**  
**FACTORS CONTRIBUTING TO FAMILY WELL-BEING & HEALTH**  
 (Percentages total more than 100% because respondents could provide up to 4 responses)

<b>Income &amp; Social Status</b>			
Financial security	19.1	Saving money/budgeting	.1
Improved standard of living	.4		
<b>Social Support Networks</b>			
Time with family	27.0	Participation in religious activities	2.5
Love among family members	13.8	Participation in community/school	2.7
Supportive relationships friend/family	9.2	Having a social life	.3
Spirituality	3.4	Laws that reduce crime	.3
Support from spouse	3.3		
<b>Personal Health Practices</b>			
Good nutrition	38.5	No alcohol	.4
Better sleep	1.0	Hygiene	.4
No smoking	.8	Alternative remedies	.2
Lifestyle	.8		
<b>Coping Skills</b>			
Good communication	9.1	Increased leisure time	.4
Good coping skills/mental health	6.5	Work more/less	.3
Positive attitude	5.5		
<b>Child Development</b>			
Stable secure home life	18.3	Family organization	5.1
<b>Employment &amp; Working Conditions</b>			
Good job	6.8		
<b>Education</b>			
Good education	4.7		
<b>Physical Environments</b>			
Country living	2.0	Clean house	.6
No smoking in home	1.7	Safe house	.3
Safe neighbourhood	.7	Housing (moved)	.3
Clean pollution-free neighbourhood	.9		

<b>Health Services</b>			
Good healthcare	1.3	Available accessible healthcare	.5
<b>Biology &amp; Genetic Endowment</b>			
Good physical health	28.3		
Don't Know	7.6	Other	.1

### Sub-sample Comparisons

When responses are collapsed into the determinants, social support networks (46%) and personal health practices (40%) are most frequently mentioned as contributors to well-being and health (see Appendix A for tables). Biology and genetic endowment is the next most frequently mentioned determinant (28%). The frequency of responses related to child development (22%) income and social status (20%) and coping skills (19%) indicates young parents level of awareness of these determinants. All other determinants were mentioned by fewer than 10 percent of respondents. It is interesting to note, however, that for the sub-sample comparisons of age, income, and place, there was a significant difference in the number of respondents who said they did not know or did not understand what contributes to well-being and health. Young (less than 26 years) (14%), urban (10%), and low-income (12%) respondents are more likely than their counterparts to say they don't know what contributes to well-being and health.

While social support networks is the most frequently mentioned factor contributing to well-being and health, significantly fewer urban (44%), younger (37%), lower income (43%) and unhealthy (35%) respondents mention it in comparison to rural (50%), older (50%), higher income (49%) and healthy (48%) respondents. Personal health practices, the second most frequently mentioned factor, is indicated by significantly fewer male (30%) and unhealthy (32%) respondents than by female (43%) and healthy (41%) respondents. Biology and genetic endowment is mentioned by significantly fewer lower income (25%) and male (19%) respondents than by higher income (32%) and female (31%) respondents. On the other hand, significantly more male (27%) and unhealthy (26%) respondents mentioned income and social status when compared to female (17%) and healthy (18%) respondents. Older respondents mentioned child development significantly more than younger (15) respondents, while urban (6%) and lower income (6%) respondents mentioned education more frequently than rural (2) and older (3%) respondents. Significant difference also showed up in the areas of employment and working conditions mentioned by 13 percent of males and 5 percent of females. Physical environments were mentioned more frequently by healthy (7%) and younger (9%) respondents than by unhealthy (3%) and older (5%) respondents. While health services were mentioned by fewer than 4 percent of respondents, rural (3%) respondents mentioned this factor significantly more frequently than their urban (1%) counterparts.

### **Contributors to Well-being and Health-Community**

Respondents were asked what is important for a healthy community. As indicated in Table 3, factors related to social support networks are most often cited and are found in various types of

involvement in the community in general, as well as through communication and co-operation between neighbours. Participation in and availability of community and recreational activities were also seen as important for a healthy community, although not mentioned as frequently. The physical aspects of the community, such as crime, safety and quality of air and water, were far less frequent responses than the social aspects of communities. Given the importance of financial security to family well-being (Table 2), curiously, less than 1 percent of residents cite employment/jobs as an important contributor to community well-being. Community values were added to this section as a representation of collective personal health practices and coping skills.

**TABLE 3**  
**CONTRIBUTORS TO A HEALTHY COMMUNITY**

(Percentages total more than 100% because respondents could provide up to 4 responses)

<b>Income &amp; Social Status</b>			
Money	1.7	Financial support	.1
<b>Social Support Networks</b>			
People involved in community	37.7	Accessible support programs	6.5
Neighbours who help each other	30.5	Participation in religious activities	2.1
Friendly neighbours	23.8	Positive attitude self/family	1.8
Participation in community activities	17.0	Good communication	1.7
Recreational opportunities/all ages	10.6	Good government	.8
Family involvement	9.6	Supporting community business	.5
Community/church groups	6.9	Child care facilities	.1
<b>Education</b>			
Good schools	5.2		
<b>Physical Environments</b>			
Parks/recreational facilities	12.1	Recycling	.6
Safety	11.9	Low noise pollution	.2
Low crime rate	10.1	Public Services/police/fire/ambul.	.2
Clean air/water	7.2	Clean neighbourhood	.2
No drugs/drinking/gambling	.8		
<b>Community Values</b>			
Respect/honesty	1.7	Strong morals in community	.2
Tolerance of cultural differences	.7		
<b>Employment &amp; Working Conditions</b>			
Employment/jobs	.6		
<b>Health Services</b>			
Health facilities easily accessible	5.6		

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**Other**

Other

1.7

Don't know

7.6

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**Sub-sample comparisons**

More than 75 percent of respondents cite social support networks as a contributor to a healthy community, while 33 percent mention physical environments. While sub-sample comparisons show significant differences between groups in terms of the frequency with which social support networks and physical environment are mentioned, the frequency of responses suggest that respondents are aware of the importance of both of these factors for a healthy community. Significantly fewer younger (73%), lower income (72%) and urban (76%) respondents mentioned social support networks than did older (80%), higher income (84%) and rural (81%) respondents. On the other hand, lower income (36%), urban (36%), and male (42%) respondents mentioned physical environments more frequently than higher income (28%), rural (25%), and female (30%) respondents.

Significant differences that occur in single comparison groups include health services (5%-lower income/ 8%-higher income), education (4%-lower income/ 7%-higher income), community values (2% urban/4% rural), and employment and working conditions (0% urban/2% rural). About 6 percent of older, and 5 percent of higher income respondents did not know what factors contribute to the well-being and health of the community compared to 11 percent of younger and 10 percent of lower income respondents.

**Barriers to Family Well-being and Health**

Respondents were asked, "What are the barriers to your family's well-being and health?" Table 4 shows that financial problems (36%) and lack of time (23%) are by far the most commonly cited barriers.

In discussing the effects of financial problems, qualitative survey respondents reported that financial barriers influence health by limiting access and choice in providing basic needs, such as nutrition and health care, to limited access and choice in extracurricular and recreational activities.

Financial problems also lead to increased stress and worry which in turn affect well-being and health, "it's a struggle for everything that I make." Poverty and ill health were described as cyclical and leading to ever greater dependence on outside sources of subsidy. One young parent described her frustration with trying to work while receiving social service subsidies, "Every penny you do make they take away from you. They complain you're not doing enough but no matter how hard you try they just keep taking away from you. You never really advance. It's a vicious circle. The only plus side is at least we have medical coverage." Financial barriers also force parents to make choices that are not congruent with their parenting ideals and beliefs. A young mother who is employed outside the home described her anxiety regarding the long term effects of non-parental child care, "Society has proven that kids nowadays are spending more time with baby-sitters and you can see the crime rate, and the gang rate, and the youth violence

rates [increase]. It has just proven that if parents were able to stay home with their children, or mothers for that matter, it would just make a big difference with society in general."

With regard to lack of time as a barrier to family well-being, the qualitative interviews revealed that this barrier primarily centres on having desired time with children and family. One parent described working within tight time frames as follows, "It ups the emotional [stress] and also creates physical stress upon a person that you can't control, but you have to deal with it and go on." Tight time frames also limit personal time and recreational time. Financial problems may influence the time that respondents spend with their families, either because both spouses have to work or individuals work long hours. These situations are seen as taking away from family time and leading to increased stress. A young father who works extended hours to provide financial security for the family expressed his regrets around having too little time with his children, "I don't get to spend the time I want with my family and my kids, they are small, they are growing up and I find that I am losing a lot of time with them." Financial need places time constraints on young parents, as well as limiting what they can afford in terms of material goods or recreational activities. Both situations increase stress. Increased stress is also evident for young parents who are working while they are upgrading their education, "Trying to support your family and go to school means a whole lot of extra stress."

Of considerable interest is the finding that 12 percent of respondents said they did not know, or did not understand, what are barriers to family well-being.

**TABLE 4**  
**BARRIERS TO FAMILY WELL-BEING & HEALTH**  
(Percentages total more than 100% because respondents could provide up to 4 responses)

<b>Income &amp; Social Status</b>			
Financial problems	35.5	Lack of stability	3.6
<b>Social Support Networks</b>			
Lack of support from family/friends	3.7	Emotional abuse	.5
Lack of social life	1.3	Lack of access to recreational facility	.3
Nothing to do in community	.8	Physical abuse	.1
Government intervention in freedom	.6		
<b>Personal Health Practices</b>			
Smoking	3.0	Drinking	.4
Poor nutrition/diet	2.3	Health care premiums too high	.2
Lack of exercise	1.1	Poor lifestyle	.1
Lack of sleep	1.4		



<b>Coping Skills</b>			
Lack of time	22.5	Poor communication	3.9
Stress	8.6	Change in marital status	.8
Too many things to do	4.1	Don't read/watch TV	.5
<b>Child Development</b>			
Lack of discipline/structure in family	2.6		
<b>Employment &amp; Working Conditions</b>			
Not satisfied with work/job	4.1	Work too few/too many hours	.8
<b>Education</b>			
Lack of education	1.4		
<b>Physical Environments</b>			
Housing location	1.4	Pollution (food additives, enviro)	.6
Weather	.9	Unsafe neighborhood	.1
<b>Health Services</b>			
Poor access to medical/social care	4.2		
<b>Biology &amp; Genetic Endowment</b>			
Poor health/illness	2.6		
Don't know	12.1	No barriers	5.8

### Sub-sample Comparisons

While income and social status is most frequently mentioned by most comparison groups, with the exception of the group compared by self-rated health practices, significantly fewer older (34%) and higher income (26%) respondents mentioned it in comparison to younger (42%) and lower income (45%) respondents. Older (36%), higher income (40%) and urban (37%) respondents did, however, mention coping skills significantly more frequently than younger (29%), lower income (29%), and rural (26%) respondents.

Although mentioned by less than 7 percent of respondents, significantly more lower income (6%), older (6%), and healthy (%) respondents mentioned health services than higher income (3%), younger (2%) and unhealthy (2%) respondents. Employment and working conditions were more frequently mentioned by female (6%) and rural (9%) respondents than by male (3%) and urban (3%) respondents.

Significant differences that occurred only within the male/female comparison group include biology and genetic endowment (males 1%/females 3%) and education (females 1%/males 3%). Rural respondents (5%) mentioned physical environment significantly more frequently than urban respondents (2%). Health services, though not mentioned by many respondents, are mentioned by significantly more of the older respondents (6% vs. 2%).

Of the respondents that did not know the barriers to well-being and health significant differences occurred in both the age and income comparison groups where low income (14%) and younger (16%) respondents "did not know" significantly more frequently than higher income (9%) and older (10%) respondents.

## 12. Selected Determinants of Health

The following section reports responses to the selected determinants of health. These were fixed response questions where interviewers asked respondents their opinions about the effects and importance of specific health determinants.

### *Income and Social Status*

The importance of income to well-being is supported by responses to closed ended questions (Table 5). When asked to rate the importance to personal well-being and health of having the amount of money available for the things needed, only 4 percent of respondents responded with "not important" or "low importance", while almost half (48%) rated it as very important. Similarly, when asked more generally about the effect of income on well-being and health, only 3 percent indicated no or low effect, with over half (54%) seeing income as having a big effect.

TABLE 5  
INCOME & FINANCIAL STATUS (percentages)

	No Effect					Big Effect	
	Not at all Important	1	2	3	4	5	Very Important
Income		1.0	1.7	15.4	27.8	53.9	
The amount of money available for things you need		.7	2.8	18.0	30.0	48.3	

The open-ended questions at the beginning of the survey showed that respondents are aware of the importance of financial resources for family well-being and health. When open-ended responses are collapsed into determinant categories, income and social status is the most frequently mentioned barrier to well-being and health (36%), while 20 percent of young parents mention it as a factor that contributes to well-being and health. Table 2 shows financial security as a contributor to well being and health (19%) and Table 4 reveals that financial problems are mentioned most frequently (36%) as a barrier to family well-being. Other aspects of life are also affected by financial problems, including fewer choices regarding time with children and day care options, increased stress, and decreased options to take time off or to afford the things that other people take for granted.

### *Social Support Networks*

Respondents recognize the benefits of strong social support networks, both within the family and in the broader community. In volunteering responses to what factors contribute to family well-being and health, about one in four respondents (27%) mentioned time with family, and

another 14 percent cited love among family members (Table 2). For many, choices in employment, residence location, and recreation centre on ensuring time with the family or being near extended family. Similarly, social support networks feature prominently as contributors to community well-being (Table 3). When related responses are collapsed into this determinant category, it is the most frequently mentioned factor contributing to well-being and health of both the family (46%) and the community (78%). As will be noted in later sections of this report, it is also the most frequently mentioned determinant with respect to what young parents do to promote well-being and health in their families (62%) and their communities (65%) and is frequently mentioned with respect to planned changes (22%).

The importance of social support networks is reflected in the responses to closed questions regarding the importance or effect of social networks on well-being and health (Table 6). Love and support from family and friends (96%), and receiving positive feedback (91%) are rated as important to personal health. Spousal abuse, an outcome of non-support, is rated as important by virtually all respondents (97%). In comparison to family support, community support networks are accorded somewhat less importance. Nevertheless, over three quarters of respondents acknowledged the importance of community (75%) and community supports (82%) on family well-being. Just over half, however, view their participation in social/cultural activities (53%) or voluntary organizations (58%) as important. This finding is congruent with the open ended questions in which far fewer respondents cited participation in community activities (vs. family involvement) as a factor influencing well-being. However, the importance of community is summed up well by one respondent's comment: "I think communities are important because sometimes when you just cannot confide in a family member, there's someone in the community that you can go to. Help lines, doctor confidentiality, counsellors, etc. that's really good. The community promotes health, healthy living, safety for families, and I really like our community for that."

TABLE 6  
SOCIAL SUPPORT NETWORKS (percentages)

	Not at all important/No Effect			Very Important/Big Effect	
	1	2	3	4	5
Participation social/cultural activities	3.3	8.0	35.4	30.2	22.9
Love/support of family/friends	.7	.2	3.5	13.1	82.5
Receiving positive feedback	1.0	1.1	6.8	29.7	61.1
Spousal abuse	1.4	.4	1.2	7.0	89.7
Participation voluntary organizations	3.7	4.7	33.4	36.1	22.1



Table 6:continued

	Strongly Disagree					Strongly Agree				
	1	2	3	4	5					
Communities that provide support for families promote well-being/ health of children	1.5	4.7	11.8	31.9	49.9					
What happens in your community affects your family's well-being/health	2.5	2.6	18.4	33.7	41.7					

### ***Personal Health Practices***

When open-ended questions are collapsed into determinant categories, personal health practices is frequently mentioned as a contributor to well-being (40%). It is also the second most frequently mentioned determinant when respondents are asked what they do to promote well-being and health in their family, and is frequently the focus of changes made in the past 12 months (45%) and planned changes (36%), to be discussed later in the report.

In the fixed response questions, respondents rated the importance of health practices such as physical activity, rest and sleep, and diet as being important determinants of health (Table 7). More than nine in ten respondents (92%) agree that diet is very important or important to well-being and health. This awareness was also reflected in the open ended responses (Table 2), where good nutrition is the most often cited factor (39%). Adequate rest and sleep, while accorded importance by a majority of respondents (87%), was not "volunteered" as a contributing factor in open ended questions. Similarly, regular physical activity was not volunteered as a factor influencing family well-being and health (Table 2), but was rated as important or very important by eight out of ten respondents. Moreover, 24 percent of young parents anticipate increasing physical activity in the future, the most frequently cited planned change (Table 13).

TABLE 7  
PERSONAL HEALTH PRACTICES (percentages)

	Not at all Important	1	2	3	4	5	Very Important
Regular physical activity		2.0	4.1	14.4	32.9	46.6	
Adequate rest/sleep		1.3	2.6	9.2	23.8	63.0	
A good diet		.4	1.5	5.9	26.5	65.7	

### ***Coping Skills***

Collapsed responses to the open-ended questions showed that issues relating to coping skills are frequently mentioned as barriers to well being and health for young parents (34%). While not as frequently mentioned, they are also mentioned as a factor that contributes to well-being and health (16%). Coping skills are also cited as an area of past change (7%) and future change (14%).

Respondents were asked to rate the importance of leisure and recreational time, feelings about themselves and how they have lived, and stress and control of stress to well-being and health (Table 8). Control of stress (64%), feelings about self and life (63%), and emotional stress (57%) are most frequently rated very important. Less emphasis is placed on the importance of recreation/leisure time (42%), although 77 percent acknowledge its importance to some degree. Interestingly, one of the major coping strategies reported by the respondents in the in-depth interviews was taking time out for self and family. It is also noteworthy that in the responses to the open-ended questions, only 9 percent of respondents cite stress as a barrier to their family's well-being (Table 4).

TABLE 8  
COPING SKILLS (percentages)

	No Effect						Big Effect
	Not at all Important	1	2	3	4	5	Very Important
Recreation/leisure time		1.1	3.4	18.6	35.1	41.8	
Feelings about yourself and life		.3	2.1	6.6	27.9	62.7	
You have lived a moral/decent life		.4	.9	12.0	33.7	52.5	
Control of stress		.6	1.5	7.9	25.7	64.2	
Emotional Stress		.7	1.0	12.8	28.0	57.3	

### ***Child Development***

Respondents were asked to rate the importance or effect of two statements relating to child development (Table 9). Respondents overwhelmingly (91%) state that child neglect and abuse has a big effect on well-being. In comparison to most of the other determinants, life experiences as a child is rated as very important by fewer respondents (43%). In the open-ended questions, responses relating to child development are frequently cited as a factor contributing to family well-being and health (23%)(Table 2) and also mentioned as one of the behaviours that promote well-being and health (16%)(Table 17). Although not mentioned often, more respondents said they plan to make changes (9%) (Table 13) with respect to child development than those who said they had made changes in this area (1%) (Table 16). However, of the 50 respondents to the in-depth interview, 45 percent indicate that parenting is their greatest daily challenge. Challenges around family and children involve the many roles that parents must fill—parent, worker, home maker, community member, and family member. Parents' concerns relate to completing a myriad of tasks and providing for children's needs. Parenting is seen as the key role around which all others revolve. One young parent, discussing the unplanned arrival of his first child, states, "Everything you are used to doing is all of a sudden set away or put aside and...the family comes first I should say." Changes in health behaviours and intent to change revolve around being role models for children and providing time with them.

TABLE 9  
CHILD DEVELOPMENT (percentages)

	No Effect					Big Effect	
	Not at all Important	1	2	3	4	5	Very Important
Life experiences as a child		2.8	4.8	19.7	28.7	43.0	
Child neglect & abuse		.8	.5	1.2	5.9	91.2	

### ***Employment and Working Conditions***

In the open-ended questions, the determinant employment and working conditions is more frequently mentioned as an area for future change (15%) (Table 13) than as a factor contributing to well-being and health (7%) (Table 2). Fewer than 5 percent mentioned this determinant in any other question. However, responses to rating questions (Table 10) indicate that the physical and social conditions of the workplace are seen as important to well-being and health. The large majority of respondents deemed all aspects of this determinant in the top two categories of importance or effect, with unemployment perceived by 69 percent of respondents as having a big effect on health. Social conditions in the workplace was accorded slightly more support (90%) than the workplace physical environment (86%). It is important to note that only respondents that were currently employed responded to the questions regarding workplace physical environment and relations with co-workers.

TABLE 10  
EMPLOYMENT & WORKING CONDITIONS (percentages)

	No Effect					Big Effect	
	Not at all Important	1	2	3	4	5	Very Important
Physical environment in workplace (employed)		2.4	1.6	8.8	21.7	64.2	
Relations with co-workers /managers (employed)		1.1	1.6	5.9	26.3	64.4	
Unemployment		1.0	1.6	7.9	20.1	69.3	

### ***Education***

When asked to rate the effect of education on well-being and health, a majority of respondents (71%) indicated a big effect, while only 2 percent saw education as having no effect. In their responses to the in-depth interviews, young parents saw lack of education as a barrier to well-being, while further education was seen as providing a role model for children, with the long term effect of job satisfaction, financial security, job flexibility and choice. However, in the collapsed open-ended responses, except for planned changes, where it is mentioned by 15 percent

of respondents, no more than 5 percent of young parents mention this determinant as a contributor, a barrier, or a behaviour that promotes well-being and health.

### **Physical Environments**

Respondents were presented with environmental situations and asked to rate their importance or effect. Table 11 reveals that environmental conditions in one's neighbourhood is given the highest rating of importance by 63 percent of respondents. When looking at more specific aspects, smoke-free environments (63%) and crime (57%) are viewed as being very important more often than housing (50%) and injuries in the home (42%). Given the role that injuries play in childhood morbidity/mortality, it is of interest that only 42 percent saw injuries in the home as having a big effect on well-being.

TABLE 11  
PHYSICAL ENVIRONMENTS (percentages)

	No Effect						Big Effect
	Not at all Important	1	2	3	4	5	Very Important
Smoke free environment		7.1	4.8	13.7	11.5	62.6	
Environmental conditions in neighbourhood		.2	1.1	11.0	24.2	63.1	
Housing		1.7	1.9	16.6	29.9	49.6	
Crime		2.7	2.2	12.6	24.9	56.7	
Injuries in the home		1.7	3.1	22.0	30.7	41.7	

Responses to the open-ended questions reveal a limited focus on the effect of physical environments on personal well-being and health, with only 16 percent (Table 16) of respondents mentioning it as area of past change, 9 percent (Table 13) mentioning it as an area for future change, and 7 percent (Table 2) mentioning it as a factor that contributes to well-being and health. Only 3 percent (Tables 4 & 17) of respondents mention it with respect to barriers or behaviours contributing to well-being and health. However, after social support networks, it is the most frequently mentioned determinant for healthy communities and for contributions made to promoting a healthy community. In the in-depth interviews, numerous respondents cited working to keep their neighbourhoods clean and well kept, and participating in Neighbourhood Watch and Block Parent programs to build a safer community.

### **Health Services**

Respondents recognize the importance of health services that both prevent and treat illness (Table 12). Health services in general were rated as very important by more respondents than any other determinant (67%) in the Public Perceptions of the Determinants of Health questions (Canada's Health Monitor). In terms of more specific services, immunization for children is ranked as very important by a large majority of the sample (72%). Over half of respondents rated

dental and medical check-ups as very important (51% and 59% respectively) while just over one third (35%) perceived social services and agencies as very important. Overall in the open ended questions, health services were rarely mentioned as contributors to well-being and health. Only 4 percent (Table 4) mentioned [lack of] health services as a barrier to well-being and health and 6 percent (Table 3) mentioned it as a factor contributing to a healthy community. In all other areas, it is mentioned by 2 percent or fewer respondents. However, in the in-depth interviews, some rural respondents expressed difficulty in accessing services that are not available in their own communities, especially if they are unable to drive to the larger centres and must access transportation from others.

TABLE 12  
HEALTH SERVICES (percentages)

	No Effect					Big Effect	
	Not at all Important	1	2	3	4	5	Very Important
Health services you receive		.6	2.1	7.1	23.5	66.7	
Immunization		1.5	1.0	4.7	20.3	72.2	
Regular dental check-ups		.8	3.1	10.1	34.6	51.3	
Regular medical check-ups		1.4	1.3	7.0	31.4	58.9	
Social Service programs/ agencies that are easily accessible		2.6	3.0	25.2	33.4	34.9	

### ***Biology and Genetic Endowment***

Respondents were asked to rate the importance of physical and mental characteristics inherited from parents. In comparison to other determinants, this determinant was not rated as highly. On a scale of one to five where 1 is not at all important and 5 is very important, just one quarter of respondents rate it as very important, 31 percent rate it as important, another 26 percent are neutral about its importance, and the remaining 17 percent rate it either of little or no importance.

Regarding the coding of responses in this category, it should be noted that "being healthy, good health" as responses to the open-ended questions were coded as Biology and Genetic Endowment. While being healthy and having good physical health may be seen as an outcome rather than a determinant of health and not directly related to biology and genetic endowment, it was included in this determinant because the factor most often mentioned was physical health. Ultimately, the majority of responses in this category reflect this assignment. Thus, with respect to factors that contribute to well-being and health, 28 percent of respondents mentioned "physical health". However, except for 3 percent who mention "poor health/illness" as a barrier, it is not volunteered as a response to other questions.



### 13. AWARENESS OF ROLE

There was one open-ended question that focused directly on respondents' awareness of their role in promoting well-being and health in their families: "In the future, what do you plan to do to improve your well-being and health and the well-being and health of your family?" The rationale behind asking this question is that intended changes provide an indication of awareness with respect to how actions promote well-being and health, based on the Stages of Change Theory developed by Prochaska and DiClemente<sup>3</sup>. Fixed response questions were also asked to provide further indication of young parents' awareness of their role and the role of others. Awareness of their role in looking after their own well being and health is also related to their behaviours in promoting well-being and health in their families (next section).

#### ***Future Changes***

Proposed future changes mainly fall within the health determinants of personal health practices, social support networks, and education (Table 13). Respondents strongly focus on improving personal health practices by increasing physical activity (24%) and improving diet (14%). Strengthening social support networks by spending more time with family (18%) is also anticipated. Taking educational courses (15%) and changing jobs (12%) are also mentioned frequently.

In the in-depth interviews, anticipated benefits from increased physical activity include feeling better and being in better shape, and having a greater sense of wellness and increased family closeness. Outdoor activities were thought to promote "mental, physical and emotional, well-being."

Respondents planning to spend more time with family proposed many avenues for this change to take place and anticipate a wide variety of benefits. For example, obtaining accessible housing for a handicapped child was viewed as benefiting the entire family as it increases "his independence, and that will help the rest of the family because he is not relying on us to get him in and out of the house.... and the rest of the family isn't going to be feeling that they have to be there for everything." Another respondent stressed the immediacy of making time for family, as children grow up quickly and opportunities for spending time with them are limited.

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3 Prochaska, J.O., and DiClemente, C.C. (1982) "Transtheoretical Therapy: Toward a More Integrated Model of Change." *Psychotherapy Theory, Research and Practice*, 19(3), 276-287.

**TABLE 13**  
**FUTURE CHANGES FOR WELL-BEING AND HEALTH IN THE FAMILY**  
 (Percentages total more than 100% because respondents could provide up to 4 responses)

<b>Income &amp; Social Status</b>			
Financial security	2.6	Invest in life insurance	.2
Saving money/managing budget	1.9		
<b>Social Support Networks</b>			
Spend more time with family	17.8	Have a social life	.3
Increase participation in community	4.4	Use available support systems	.3
Increase participation in religious act.	1.7		
<b>Personal Health Practices</b>			
Increase physical activity	24.2	Quit/reduce alcohol	.4
Improve diet	13.5	Alternative remedies	.4
Quit/reduce smoking	8.1	Healthy/good health	.3
Lifestyle/healthy lifestyle	.9	Better sleep habits	.2
Weight loss	.5		
<b>Coping Skills</b>			
Improve relationships family/friends	7.1	Work less/more hours	1.2
Change family status	2.4	Get family counseling	.2
Manage/reduce stress	2.3	Higher self esteem	.1
Increase leisure time	1.8	Read more/less television	.1
<b>Child Development</b>			
Improve family organization	7.6	Quit job to stay home	1.2
<b>Employment &amp; Working Conditions</b>			
Change jobs	12.0	Seeking employment	3.0
<b>Education</b>			
Take courses	14.8	Start education fund	.3
<b>Physical Environment</b>			
Move	6.9	Safe house	.1
Country living	1.0	Recycle/fewer chemicals/clean enviro	.1
Clean house/renovate	.4		
<b>Health Services</b>			
Receive medical treatment	1.1	Regular medical check-ups	.2
No changes planned	2.7	Other	.3
Don't know	7.3		

Some young parents anticipated the benefits of either having one parent at home full time or having one parent move from full time to part time work, "It will [be] positive [in that] I'll have more of a key hand in raising my son and instilling morals and values that I feel is important rather than having someone else instill those." Another parent stated that her future goal of staying home with her child would only become a viable possibility "if the government miraculously decided that parenting was important enough to pay people to stay home to do it." The goal of full-time parental child care, expressed by some young parents, is seen as within reach of some but for others seems unattainable without tangible support.

Educational courses and changing jobs may lead to greater financial security, greater job satisfaction, greater peace of mind and increased flexibility to accommodate family schedules, and less stress. This is reflected in one respondent's comment that the immediate financial hardship endured while furthering her education will lead to a better future, "It gives us hope that in the long run it will give me a better job, a little bit more money, a little bit more stability."

Anticipation of how future changes will contribute to family well-being focused on well-being rather than disease prevention. Even in households where disability is present, planning for the future centered on increased well-being.

Young parents responding to the in-depth interview were asked what would get in the way of their proposed future changes. Over half cited financial barriers. Lack of time (19%) and low self-motivation (16%) were also frequent responses. In detailing what would help families to realize their anticipated changes, money was frequently mentioned. A suggested structural change to provide needed financial resources for young families was that governments go beyond acknowledging the importance of parenting to financially supporting parenting as well. Other resources to overcome barriers to anticipated change include family support, affordable day care, and more free time. Environmental supports that would facilitate healthy choices include healthy menus in restaurants, especially important for those whose jobs require them to travel frequently.

### Sub-sample Comparisons

Sub-sample comparisons show personal health practices as the main focus of future change for young parents. Females (38%) are more likely to cite future changes in personal health practices than males (30%). Younger (24% younger /10% older), urban (17%urban/10%rural), lower income (23%-lower income/ 7%-higher income) and female (17%) respondents are more likely to volunteer that they plan changes in the area of education than their counterparts. Younger (23%-younger 10%-older) and lower income (20%-lower income/ 9%-higher income) respondents are significantly more likely to mention changes in the area of employment. Older (11%) and urban (10%) respondents are more likely to mention child development. Higher income respondents also mention changes that will affect child development (11%) significantly more often than lower income respondents (7%). Changes in the area of employment and education may be seen to address the major barrier of financial insecurity and in some cases, inadequate time. However, lack of time as a barrier does not appear to be addressed by the major intended changes cited here.



## **Responsibility**

Another measure of awareness of their role in promoting well-being and health is the extent of agreement young parents show with statements regarding family and individual responsibility for health promotion and the effect of chance or luck on well-being and health (Table 14). Twelve percent of respondents rated chance or luck as very important, while 27 percent said it was not at all important. In the in-depth interviews, respondents who rated chance or luck as important were in situations where they felt they had little control or little ability to initiate change. Several respondents discussed winning the lottery as the future change that would give them financial stability.

At the same time, 49 percent strongly agree that what happens to a person's health depends mainly on him/herself, while 41 percent of respondents strongly agree that health education is primarily the responsibility of the family.

TABLE 14  
HOW YOUNG PARENTS VIEW RESPONSIBILITY FOR HEALTH (percentages)

	Not at all Important	1	2	3	4	5	Very Important
Chance or luck		26.7	18.0	27.6	14.0	12.2	
	Strongly Disagree	1	2	3	4	5	Strongly Agree
Health education is primarily the responsibility of the family		2.9	6.8	21.8	27.3	40.8	
What happens to person's health depends mainly on him/herself		1.9	5.7	13.2	30.5	48.5	

## **Others' Role In Promoting Family Well-Being & Health**

Although respondents acknowledge and take responsibility for health, they also perceive a role for others (Table 15). More than half rated "God or a spiritual force" and the feelings of others towards them in the top two categories of importance. Forty-eight percent indicated their strong agreement that government has a responsibility to provide resources. Qualitative responses showed that emotional support comes in many forms including encouragement, listening, having fun together, giving advice, and being available. Statements of support and encouragement from parents such as "You can do it." are valued. Another young parent perceives the support she receives from her parents as follows, "They are behind me one hundred percent." One young parent who has recently moved to another city explained that support is available but one must know where to find it, "There is a lot of support out there as long as you know somebody, if you know one person that knows all the connections, or a couple, then you can find out more."

TABLE 15						
OTHER'S ROLE IN PROMOTING FAMILY WELL-BEING & HEALTH (percentages)						
Not at all Important	1	2	3	4	5	Very Important
God or a spiritual force	10.3	9.7	23.2	21.1	35.6	
The feelings of others towards you	3.8	9.1	30.0	35.3	21.2	
Strongly Disagree	1	2	3	4	5	Strongly Agree
Government has a responsibility to provide resources for promoting the well-being/health of young families	1.6	6.5	15.5	28.1	47.8	

#### 14. INVOLVEMENT IN PROMOTING WELL-BEING AND HEALTH

Three open-ended questions were asked with respect to young parents' health promotion behaviours. The first asked about changes that the respondent had made in the past year, the second about what things the respondents and their families do to contribute to the well-being and health of their families, and the third asked how the respondents and their families contribute to the well-being of their community. In the in-depth interviews, respondents were asked how these actions contribute to well-being and health and what led them to make changes.

##### ***Changes Made***

Survey respondents were asked if they made any changes in their habits or lifestyle to improve their well-being or health during the past twelve months. Sixty-two percent reported changes, with change primarily taking place in the area of personal health practices: increased physical activity (43%), improved diet (41%), and smoking reduction/cessation (13%) (Table 16). Other changes included moving residence (13%), changing jobs (8%) and educational upgrading (6%).

The in-depth interviews reveal that benefits of these changes include feeling better physically and emotionally, gaining a better self image, reducing stress, and providing a role model for children.

**TABLE 16**  
**CHANGES IN PAST 12 MONTHS**

(Percentages total more than 100% because respondents could provide up to 4 responses)

<b>Income &amp; Social Status</b>			
Managing/budgeting/saving	2.0		
<b>Social Support Networks</b>			
Spent more time with family	3.7	Increased religious participation	.4
Increased community participation	1.0		
<b>Personal Health Practices</b>			
Increased physical activity	42.5	Weight loss	.7
Improved diet	40.6	Using organic products	.4
Quit/reduced smoking	12.8	Better sleep habits	.4
Quit/reduced alcohol	5.1	Good health	.4
Alternative remedies	1.9		
<b>Coping Skills</b>			
Managed/reduced stress	5.4	Went for family counseling	.1
Changed family status	4.5	Increased leisure time	.1
Reading more/less television	.8	Work less hours	.1
Went for personal counseling	.7		
<b>Child Development</b>			
Quit job to stay at home	.9		
<b>Employment &amp; Working Conditions</b>			
Changed jobs	7.9	Seeking job	1.5
<b>Education</b>			
Took educational upgrading	6.0		
<b>Physical Environments</b>			
Moved	12.9	Home renovations	.7
Improved family organization	.9	Improved home (cleanliness)	.7
No smoking in home	1.2		
<b>Health Services</b>			
Received medical treatment	1.2		
Other	.5	Became pregnant/had baby	4.1

The greatest impetus for change was self motivation (cited by 59% of the qualitative sample), which came from belief systems and a desire for better health and increased happiness. The next most frequently mentioned reason related to children, both in terms of the effect on children's

health directly or by providing a positive role model. Changes often were initiated because of pregnancy or the birth of a child.

Respondents recognize that the benefits of better health practices extend beyond physical health. One young parent who has initiated change in the areas of nutrition and exercise expressed the far reaching effects of feeling better, "Feeling better contributes holistically, emotionally you feel better. Just overall self image has improved. That comes out when dealing with others, whether it is your husband or child or extended family."

In the in-depth interviews, respondents who are furthering their education recognize the immediate financial hardship but see it as an investment in future benefits. "It gives us hope that in the long run it will give me a better job, a little bit more money, a bit more stability." Many young parents hope for a better future but those who have managed to begin working to that end are those who have strong support networks.

The in-depth interviews suggest that the major support for incorporating these changes was support from family (particularly mothers) and spouse/partner. Although respondents reported receiving primarily emotional support, financial support was also received.

### Sub-sample Comparisons

When changes are collapsed by determinants, 45 percent of mentioned changes by respondents fall into the category of personal health practices. The next most frequently mentioned changes fall under physical environments, mentioned by only 10 percent of respondents, and coping skills, mentioned by 7 percent. There were no significant differences between urban and rural respondents.

While most respondents cite changes in personal health practices, the difference between men and women is significant (31%-males, 50%-females). A possible explanation may stem from the fact that women feel a greater need to increase their physical activity (70% of women, as opposed to 56% of men, feel they get less exercise than needed) and, given that women are generally the primary care giver, they are also more likely to be concerned with diet and nutrition than men are. (Both responses were categorized as personal health practices). The only significant difference between younger and older respondents with respect to changes made in the past 12 months is in education (6%-younger, 3%-older), which corresponds to their volunteering education as a planned change above.

However, significant differences with respect to changes made in the past 12 months are found between income groups in the areas of coping skills, employment and working conditions, education, and income and social status. Coping skills are mentioned almost five times more frequently by low income respondents as an area of change in the past 12 months (11%-lower income/ 2%-higher income). Similarly, education is mentioned by six times more low income respondents (6%-lower income/ 1%-higher income), and employment by more than twice as many lower income respondents (7%-lower income/ 3%-higher income). Income is another area of change that lower income respondents mention more frequently than higher income

respondents (4%-lower income/ 1%-higher income). While personal health practice changes are mentioned most frequently by both groups, the significant differences found between the groups with respect to coping skills, education, employment and income suggest that this lower income group recognizes what can be done to improve their socio-economic status and thus improve their well-being and health. Again these changes may be most congruent with the most frequently cited barrier to family well-being, that of financial insecurity.

### ***Behaviours that Promote Well-being and Health in the Family***

Respondents were asked open ended questions about what they do to promote the well-being and health of their families, and were presented with fixed response questions about accessing services. Ninety-five percent of respondents indicate specific ways in which they promote health, although 5 percent are unable to define what they do. Only four respondents indicated that they do nothing. The responses, presented in Table 17, represent activities that focus on physical, social, emotional, and economic determinants of well-being and health. However, most of the responses relate to the determinants of social support networks and personal health practices.

The most frequently cited activity for promoting well-being and health is spending time with family (53%). In the depth component of this survey "one's up-bringing" and experience were often cited as the impetus for values, choices, and behaviours. Making choices to promote well-being and health often include increased hardship in other areas of life. Several young parents who had decided to stay at home to care for their children believe this choice is worth added financial hardship. One woman explains, "The whole point of having kids is to raise them yourself, so that is why I wanted to be home with them. It probably would have been better financially if I did work but we are living pretty much on the bare minimum so that I can be home."

Working fewer hours allows for family time and developing routines. One full time homemaker cites the potential for better self esteem in her children when she is the full time care giver and her spouse is able to spend time with the children after work, "mom is there and dad comes home after work and things like that as opposed to being in day-care for ten hours a day."

Factors that were seen to contribute to being able to spend time together include flexibility in organizing time for work and family, along with the financial security that allows this flexibility and provides choices regarding care for children. Other activities relate to giving positive reinforcement (9%), open communication (9%), and a secure and stable home life (10%).

Respondents also engaged in activities beyond the family, such as participating in community/school events (7%), participating in religious activities (5%), and keeping in touch with family and friends (4%).

Many respondents cite personal health practices as a means of promoting their own and their family's well-being and health-- 38 percent exercise regularly, 37 percent eat a healthy diet. Exercise choices are often determined by budget, but exercise and recreation are possible by "doing things that cost less." Several respondents indicate the importance of preparing a



"decent" meal that the family eats together or that they have stopped smoking to be a role model for their children. Personal health practices were facilitated by factors such as having accessible recreational facilities, budget, and time.

**TABLE 17**  
**BEHAVIOURS THAT PROMOTE HEALTH & WELL-BEING IN THE FAMILY**  
 (Percentages total more than 100% because respondents could provide up to 4 responses)

<b>Income &amp; Social Status</b>			
Live within means/budget	2.5	Invest life insurance	.3
Have/get a job to provide for family	1.2		
<b>Social Support Networks</b>			
Spend time with family	52.8	Participate in religious activities	4.5
Give positive reinforcement	9.2	Keep in touch with friends/family	3.9
Participate in community/school	7.1	Do volunteer work	.1
<b>Personal Health Practices</b>			
Get regular exercise	37.8	No smoking	.9
Eat a healthy diet	37.2	No alcohol	.3
Get enough sleep	5.1	Hygiene oral/body	.2
Alternative remedies	1.0	No drugs	.1
<b>Coping Skills</b>			
Open communication	9.1	Went for personal counseling	.3
Keep a positive attitude	6.2	Work less/more	.3
Increased leisure time/vacations	1.3	Good coping skills/mental health	.1
Went for family counseling	.3		
<b>Child Development</b>			
Provide secure stable home life	9.9	One parent not working outside home	1.7
Maintain discipline/structure	4.4		
<b>Education</b>			
Take courses	2.1	Reading more/watch less TV	1.8
<b>Physical Environments</b>			
Country living/being outdoors	.8	Moved location of residence	.3
Recycle/less chemicals/clean enviro	.3	Clean house	.3
Safe house	.4	No smoking in home	.2
Safe environment	.3		
<b>Health Services</b>			
Regular medical check-up	1.7	Availability/accessibility of healthcare	.1
Regular dental check-up	.3		

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**Biology & Genetic Endowment**

Good health	.3		
Don't know	4.6	Do nothing	.3

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The qualitative interviews revealed that the major factors helping families to carry out health promoting behaviours were support from spouses, family, and friends in the form of emotional support, child care and financial assistance. On the other hand, financial insecurity and employment stress mitigated health promoting activities.

**Sub-sample Comparisons**

Collapsed open-ended responses show that social support networks and personal health practices are, by far, the most frequently mentioned areas in which young parents say they contribute to the well-being and health of their families. Higher income (67% vs. 58% lower income), older (67% vs. 52% younger) and female (64% vs. 56% male) respondents mention social support networks significantly more often than their counterparts. At the same time, personal health practices show a significant difference in frequency of responses for urban (57%) and rural (47%) respondents. Significantly fewer older respondents did not know what they did to contribute to the well-being and health of their families (3% older vs. 10%-younger).

In age group comparisons, respondents over age 25 mention contributions relating to child development significantly more frequently than younger respondents (18%-older vs. 10%-younger). For less frequently mentioned determinants, lower income respondents mention income as an area in which they contribute to their families' well-being and health almost twice as often (5%) as higher income respondents (2%), and twice as many men (6%) cite income as one of the ways they contribute to the well-being and health of their families. As noted previously, men also cite income significantly more frequently as a contributor to well-being and health.

**Accessing Services**

When respondents to the in-depth interviews were asked what would help them to cope better with daily challenges, time and money were mentioned most frequently. However, many respondents also cited forms of support from others including professionals who are good "listeners", local support groups rather than professionals, parents who are understanding and supportive, increased co-parenting and better spousal communication, and in general having someone to talk to.

To determine the specific services they accessed, respondents were asked if they received help with challenges in life during the past twelve months from four specific groups other than family and friends (Table 18). By far the most accessed group are health professionals (73%), although one third also receive help from community or social service professionals (34%) and religious or spiritual leaders (31%). One quarter received help from support groups (25%).

TABLE 18  
ACCESSING SERVICES (percentages)

Service Source	Yes
Community or social service professionals	34.2
Health professionals	73.4
Religious or spiritual leaders	30.7
Support groups (parenting support, moms & tots, etc.)	25.0

### ***Behaviours that Promote Well-being and Health in the Community***

Open ended responses regarding what young parents do to promote the well-being and health of the community emphasize the promotion of social interaction and support. Participation (29%) and volunteerism (24%) in community and/or school events and activities were most frequently mentioned. Factors related to enhancing positive neighbour relationships were also mentioned by a substantial number of respondents.

Young parents elaborated on promotion of well-being and health in the community in the in-depth interviews. Participation in community and school activities is viewed as bringing people together, getting people involved, building trust, providing role models for children and making a better life. Specific programs that help to build trust between neighbours and increase awareness of community issues included Neighbourhood Watch, Block Parents, Brownies, and the Native Friendship Centre. Other young parents expressed the need for community programs that serve the needs of youth, citing long term benefits for both young people and the community, "With children, if they have more recreation, there would be less drinking, less crime." Another stated "If children feel safe, then you have a happier community. They won't look for something more. They'll end up being good citizens." Another young mother discussed how a school social provided a place for her handicapped child to experience acceptance, "They had a little kids' dance over here a while ago and he was welcomed with open arms....That really made him feel part of the group and I think that helped him out a lot."

One respondent explained how being trustworthy promotes trustworthiness in the community, "If I can show my trustworthiness to one neighbour then maybe I can help that neighbour show trust to another neighbour, and on and on it goes so that it spreads." This sharing of trusting relationships serves to build strong social networks. However, one young parent expressed difficulty in conceptualizing community beyond family and friends, "I don't know if there is such a thing as a healthy community. Most communities I know of are no different than your basic friends, they [are] little societies. I don't even think there's such a thing as a whole community."

Getting to know one's neighbours is made possible through participation and volunteerism in school and community, and provides a sense of community, safety, and awareness of the needs of others. Knowing one's neighbours allows informed decision making, as one respondent explained, "If you see a guy breaking into a neighbour's yard. Well if you think the guy is a jerk and doesn't do anything to help you out, are you going to report it? Probably not, you might

watch your own house but who cares about the other guy." Knowing one's neighbours also leads to close community, positive feelings of happiness, and a sense of direction. In building social support networks within their own community, young parents nurture friendships, create awareness, promote positive attitudes and provide a sense of safety and well-being that provides a role model for good citizens, and lowers the crime rate. Volunteerism ensures the continuance of community organizations as well as giving purpose to self and others.

In contrast to social networks, activities that relate to the physical environment were mentioned much less frequently. Fourteen percent report picking up litter and only 10 percent mentioned recycling. One respondent noted, "picking up litter provides a clean, hazard free environment for children to play where children can go out without picking up germs." Working on environmental issues was perceived as attracting others to the neighbourhood, giving one a sense of pride, raising morale, preventing accidents, and even slowing down global warming.

**TABLE 19**  
**BEHAVIOURS THAT PROMOTE WELL-BEING & HEALTH IN THE COMMUNITY**  
(Percentages total more than 100% because respondents could provide up to 4 responses)

<b>Social Support Networks</b>			
Participate in community/school	29.3	Give donations to charities	1.5
Volunteer in community/school	24.2	Support/own community business	1.2
Help out neighbours	24.4	Participate in religious activities	1.0
Watch neighbours house when away	12.8	Teach/give health information	.6
Get to know neighbours/show respect	3.3		
<b>Physical Environments</b>			
Pick up litter	13.7	Practice safe driving/obey rules	.3
Recycle	10.1		
<b>Community Values</b>			
Politically active to promote change	2.5	Be good citizen/role model	.1
Teach family values/parenting	.5		
Other	.1		
Do Nothing	5.5	Don't know	10.0

#### Sub-sample comparisons

Collapsed open-ended responses show that, when asked about what they do to promote well-being in their communities, 65 percent of respondents mentioned behaviours relating to social support networks, 21 percent mentioned behaviours relating to physical environments, and 10 percent said they did not know, or did not understand, what they do to contribute to the well-being of their community. The relative frequency of responses corresponds to those mentioned regarding awareness of what contributes to a healthy community. Younger respondents (17%) are more likely than older respondents (7%) to volunteer that they don't know or don't understand what they do to contribute to the well-being and health of the community.



While social support networks is the most frequently mentioned type of contribution, significantly fewer younger (50%), lower income (60%), and urban (63%) respondents mention it in comparison to older (72%), higher income (71%), and rural (70%) respondents. On the other hand, significantly more younger (26%), lower income (24%), and urban (23%) respondents mention physical environments when compared to older (18%), higher income (17%), and rural (16%) respondents. In the urban/rural and age group comparisons, significant differences showed up with respect to community values, although it was mentioned by fewer than 5 percent of respondents. About 5 percent of rural respondents, compared to 2 percent of urban respondents, and 4 percent of older respondents mentioned it compared to 2 percent of younger respondents. No significant differences were found in the gender comparisons.

### ***Community Involvement***

Respondents were asked to indicate their degree of involvement in community activities (Table 20). The extent of participation in community activities or meetings and in religious activities varies, with more weekly participation in religious activities (20 %) than in community activities or meetings (13%). The number of respondents not participating at all, however, is slightly higher for religious activities (41% vs. 38%).

The in-depth interviews reveal that factors that prevent respondents from engaging in activities to promote community well-being include primarily time constraints, financial insecurity, and child care. One young mother expressed a desire to volunteer in her neighbourhood but pointed out her barriers of requiring child care while doing so, as well as not being able to afford the cost of traveling to a volunteer placement location. Another respondent stated that her own shyness is a barrier to community involvement, "I am not a very outgoing person....I think I should but I don't push myself to do it." Time is also a factor that inhibits community involvement as young parents juggle hectic schedules and set priorities, "We could be more active in the community if I were to take time out of the family, but I won't do that." Many of the respondents with preschool children indicated not presently being involved in community but anticipated increased involvement as their children get older.

TABLE 20  
FREQUENCY OF COMMUNITY INVOLVEMENT (percentages)

	Participation in community activities or meetings	Participation in religious services/meetings
At least 1 per week	12.9	19.7
At least 1 per month	18.7	12.6
At least 3-4 per year	19.2	16.0
At least 1 per year	11.7	10.7
Not at all	37.5	41.0

While 42 percent of respondents strongly agree that what happens in the community affects family well-being (Table 6), less than one quarter (23%) strongly agree that they are able to influence decisions (Table 21). Although young parents appear to value community



participation, and just under one third (32%) engage in community activities at least once per month (13% at least once per week), only about 16 percent strongly agree or agree (31%) that they feel "connected" to the community. A greater proportion (77%) feel safe in their community. In the in-depth interviews only about 57 percent indicated taking advantage of the benefits of the community, with about 40 percent indicating they do not take advantage of community offerings.

TABLE 21  
COMMUNITY INFLUENCE (percentages)

	Strongly Agree			Strongly Disagree	
	1	2	3	4	5
You can influence decisions that affect your community	22.6	26.7	34.5	8.9	7.0
You feel "connected" to your community	15.8	30.6	28.8	11.9	10.8
You feel safe in your community	38.8	35.5	15.0	5.6	5.1

## 15. STATUS OF WELL-BEING AND HEALTH

Young parents were asked a number of questions relating to their well-being and health, which focused on physical health, mental health, and other factors affecting well-being. These questions were asked to determine if health status has an effect on young parents' perception and behaviours, and also to identify the challenges faced by this group.

### *Current Status of Well-being and Health*

Respondents were asked to describe their current habits and lifestyle. Almost three quarters (73%) assessed their current habits and lifestyle as "healthy", 10 percent "very healthy", 16 percent report "somewhat unhealthy," and only 1 percent report very unhealthy habits and lifestyle. In self assessment of physical and mental health, respondents overall rate their mental health as better than their physical health. Sixty-two percent of respondents rated their mental or emotional health as very good (44%) or excellent (18%), whereas just over half (53%) rate their physical health as very good (43%) or excellent (10%). This rating is rather low in comparison to self-reported health of other Albertans: the *1997 Survey about Health and the Health System in Alberta*<sup>4</sup> found almost 68 percent of respondents aged 18 to 44 rated their health as very good or excellent.

Limitations in activity that are the result of long-term physical conditions, mental conditions, or health problems affected 24 percent of respondents (Table 22). Although a variety of conditions were mentioned, by far the greatest chronic condition cited is asthma (20%), followed by emotional disorders (13%), and problems with neck and/or back (10%).

<sup>4</sup> 1997 *Survey about Health and the Health System in Alberta*. Alberta Health. This survey was administered to a stratified sample of 4000 Albertans in each of the province's seventeen health regions between May 1 and May 26, 1997.

**TABLE 22**  
**LONG TERM HEALTH PROBLEMS (% of responses)**

	Respondent	Spouse	Child	Parent	Other	Total
Asthma	12.43	2.16	4.32	.54	.81	20.26
Emotional Disorders	4.32	2.43	1.89	1.89	2.43	12.96
Neck/Back	4.86	3.24		1.89		9.99
CP/MD/MS	1.62	1.35	1.35	2.16	.27	6.75
Cancer	1.62	.81		1.35	.54	4.32
Cardiac Problems	1.62	.27		1.89		3.78
Diabetes	.81	.81	.27	1.08	.81	3.78
Substance Addiction		.81		1.89	.81	3.51
Chronic Fatigue Syndrome	1.08	1.89		.27		3.24
Emphysema	.27			.81	1.62	2.70
Knee/leg	1.08	.54	.81	.27		2.70
Arthritis	.81	.27		1.08	.27	2.43
Arm/Wrist/Shoulder	1.89				.27	2.16
Allergies	.54		.81		.81	2.16
Anemia		.27	.81	.81		1.89
Lung Problems	.81			.81		1.62
Crohn's Disease	1.08	.27				1.35
Gall Bladder Problems			.81	.27		1.09
Paralysis	.81	.27				1.09
Visual Problems	.81			.27		1.09
Ulcers	.81					.81
Kidney Problems			.81			.81
Epilepsy	.27					.27
Speech Problems			.27			.27

### ***Health Practices***

Respondents were asked questions regarding a number of personal health practices. First, they were read a list of eating habits and were asked to select the response that most accurately reflects their own eating habits. Healthy eating was defined as choosing a variety of foods with plenty of whole grains; eating fruit and vegetables; eating lower-fat dairy and meat products; and eating food prepared with little added fat. Forty-four percent of respondents indicated that they have had healthy eating habits for more than six months, 14 percent began healthy eating habits in the past six months, and 27 percent have healthy eating habits once in a while, but not regularly. Of the small minority (14%) reporting not having healthy eating habits, 8 percent have been thinking about changing eating habits but just can't get started, and 6 percent are not concerned about their eating habits and do not plan to change right now.

With regard to exercise, 69 percent of the sample reported getting less exercise than they need, while 31 percent get as much exercise as they need. This perception may account in part for the

frequency with which respondents cited exercise as an anticipated change (24%) or past change (43%). When asked about their smoking habits, 33 percent of respondents smoke daily, 8 percent smoke occasionally and 59 percent do not smoke at all. Thirty-four percent of respondents reported at least one household member that regularly smokes inside the house.

Respondents were also asked about alcohol consumption over the past twelve months. For this survey, one alcoholic drink was defined as one bottle or can of beer or glass of draft, one glass of wine or a wine cooler, or one shot or mixed drink with one and a half ounces of hard liquor. Fifty-eight percent of respondents reported not having any drinks on a weekly basis, while 46 percent reported never having had 5 or more drinks on one occasion in the past twelve months. However, a range of alcohol consumption was noted.

### ***Positive or negative environments or behaviours affecting well-being and health***

#### **Employment/Work**

When asked if they work as often as they want to, 68 percent of young parents responded affirmatively. Twenty percent reported that they do not. On a four point rating scale of job satisfaction, 89 percent of respondents were either very satisfied (42%) or somewhat satisfied (47%) with their jobs. Fewer (68%), however, strongly agreed (45%) and agreed (23%) that they have good job security.

In the in-depth interviews, respondents indicated awareness of effects of their work-related environment. One young parent who is dependent on social benefits comments on the negative environment in her struggle for financial independence, "Sometimes they [Social Services] want you to find two jobs, but they don't understand that it makes it worse in the end." Another parent is working to provide a more positive environment, "I am trying to go back to school so I can actually get an education so then maybe I will, maybe in a few years, be able to get a job [with more pay], instead of five bucks an hour all the time."

#### **Support, Self-esteem and Sense of Coherence**

Respondents were asked about the support they receive from family and friends. Ninety-three percent of respondents indicated having someone to confide in or talk to about their private feelings or concerns. A similar number (95%) responded affirmatively when asked if they have someone they can really count on to help them out in a crisis situation.

When asked, in the in-depth interviews, what others do to contribute to well-being and health, young parents indicate that they receive many types of support. However, the majority of responses are in the area of providing emotional support, including being encouraging, being perceptive and understanding of families with children, keeping communication open, being available, and listening. Instrumental support was also mentioned, although less frequently. Support of this kind includes offering child care so parents can have time alone, and financial support, both privately and in government subsidies, for child care. A few responses also included sharing information.

While acknowledging that material forms of support are helpful, one respondent states that it is emotional support that is of most importance to her, "The one thing I hear most is if I had more money I could help you more. A lot of times they don't see that just the time we spend together or the walks that we go on are more than enough to supply what I needed.....I keep telling my friends, It's not the money, it's just the time spent."

Respondents were also asked a series of questions related to self-esteem and sense of coherence (Table 23). When asked about the meaningfulness of their lives, about one quarter (25%) indicated that they seldom or never feel that there is little meaning in the things they do in their daily lives and only 4 percent reported feeling this way very often. In short, almost 2/3 (64%) of respondents report finding their lives meaningful. A high majority (91%) have a strong sense of self worth, and a similar number exhibit a strong sense of efficacy. However, fewer respondents (67%) have a strong sense of control over their lives, even though 83 percent agree that their future is primarily dependent on themselves.

TABLE 23  
PERCEPTION OF SELF-ESTEEM AND COHERENCE (percentages)

	Very Often						Seldom /Never
	1	2	3	4	5	6	7
How often do you have the feeling that there is little meaning in the things you do in your daily life?	3.8	5.8	13.4	12.1	17.5	21.4	25.3
	Strongly Disagree	1	2	3	4	5	Strongly Agree
You feel that you're a person of worth at least equal to others.	1.1	1.3	6.2	19.7	71.8		
You are able to do things as well as most other people.	.4	2.5	4.9	25.8	66.4		
What happens to you in the future mostly depends on you.	2.4	3.8	10.2	18.9	64.3		
You have little control over the things that happen to you.	43.1	23.7	15.1	11.7	6.3		

### Perceived Stress

A number of situations that sometimes come up in people's lives were described to respondents to determine the level of perceived stress in their day to day lives. Young parents were asked to indicate if these situations apply to them (Table 24). The major sources of stress reported relate to increased demands (64%), meeting others' expectations (49%), and inadequate financial resources (52%). These sources of stress reflect the barriers to family well-being identified in the open ended responses (Table 4). Also of serious concern to 46 percent of respondents was a

child's behaviour. Although this seems unusually high, it must be noted that this question may be interpreted in a variety of ways. A sizable minority (20%) also reported presence of alcohol or drug problems in their immediate family, even though substance addiction was mentioned by very few respondents (4%) as an activity limiting health problem (Table 22).

**TABLE 24**  
**PERCEIVED STRESS (percentages)**

Situation	True	False
You are trying to take on too many things at once.	64.3	35.7
Too much is expected of you by others.	49.1	50.4
You don't have enough money to buy the things you need.	52.0	47.9
Your partner is not committed enough to your relationship.	8.1	91.1
You feel at risk of physical harm or abuse from your partner or spouse.	.4	99.2
A child's behaviour is a source of serious concern to you.	46.0	53.2
Someone in your (immediate) family has an alcohol or drug problem.	20.4	79.5
Your work around the home is not appreciated by your family.	18.1	79.4

These perceived sources of stress are congruent with responses in the in-depth interviews, in which the major challenges cited related to parenting. "Hectic schedules" result from trying to meet a variety of responsibilities, related to fulfilling role requirements as parent, homemaker, community member, and family member. Concerns expressed related to completing tasks and especially centered around children.

Types of stress experienced by young parents varied greatly with some indicating that their greatest daily challenge was to "keep the floor clean" while others have difficulty in facing each new day. One respondent who experiences financial difficulty and is unable to access required help in caring for her handicapped spouse explained her highly stressful situation, "We wake up in the morning and you would like to cry all day. I get migraines, that will set me back. There are other times when I am very strong and able to vocalize and verbalize how I feel. Unfortunately there [are] not enough of those days, or a long enough day of being able to talk and work at it."

One parent explains how he uses self monitoring to better handle daily challenges, "I guess I am emotionally a little up-tight and I am quick to jump to people when I get mad so I try to catch myself in that when I am getting to that point, that red line, and just take a breath and count to ten and try again. Just basically keeping quick track of my emotions."

### Family Relationships

A list of general statements about family relationships was read to respondents, who were asked to indicate their degree of agreement or disagreement (Table 25). Just over half (56%) indicate difficulty in balancing work and parenting. Thirty-nine percent report difficulty finding time for household and parenting responsibilities, even though 76 percent share household and parenting responsibilities, 79 percent have established routines in this area, and 73 percent seek help from



others. Not surprisingly, 67 percent report having difficulty finding time for themselves.

These fixed response questions were reflected in the open ended responses where lack of time is identified as a major barrier to family well-being (Table 4), as well as in reported sources of stress (Table 24). In-depth interviews also reflected these responses, in which completing tasks and busy schedules are frequently mentioned as challenges. A young single mother expresses her challenging and ever-demanding schedule, "It would just have to be the stress of being a single parent. Like when you are trying to cook supper and have these children at your feet and they are screaming for food and it's like you would just do anything to get five minutes of peace. It's just those things that you don't realize and you take for granted when you have a spouse."

Respondents reported numerous strategies to help them in addressing their daily challenges. Many recognize the need for good communication, stream-lining and sharing tasks, involving the whole family in finding solutions, and taking time for self. One parent states, "When my son goes to sleep I have some time set aside to do things that I enjoy doing. I do a lot of craft and hobby type things; that way I relieve some of the stress and sit back and take that ten or twenty minutes for myself in a day, and that is probably the biggest asset as far as that goes."

TABLE 25  
FAMILY RELATIONSHIPS (percentages)

	Strongly Agree	1	2	3	4	5	Strongly Disagree
It is difficult to balance working and parenting.	34.1	21.8	20.4	8.8	13.7		
It is difficult to find time for yourself.	45.1	22.3	17.4	7.7	7.5		
It is difficult to find time for household and parenting responsibilities	18.1	20.9	25.2	20.0	15.8		
You share household & parenting responsibilities.	58.1	17.4	15.0	6.0	3.4		
You have established routines for carrying out daily housekeeping and parenting	52.0	26.9	13.1	4.0	3.6		
You seek help and encouragement from friends/relatives/neighbours	47.0	25.8	15.7	5.4	6.0		

When young parents were specifically asked how much time they spend alone pursuing their own interests (Table 26), only 10 percent found time alone every day and 12 percent never have time alone. A sizable minority (23%), however, were able to "get away" a few times a week. In contrast to the limited time spent alone each day, 46 percent were able to spend time alone with their spouse/partner every day, with another 19 percent spending time with spouse/partner a few times a week. Nevertheless, it is noteworthy that 11 percent report spending time as infrequently as once a month or less and 4 percent report never spending time alone with spouse/partner.

In the in-depth interviews, when asked what would help respondents to better cope with their

challenges, taking time out for self and family was the major coping strategy. This included going out more, relaxing, exercising, spending time outdoors, doing hobbies, and "being alone with no schedule."

**TABLE 26**  
**TIME ALONE (percentages)**

	Time alone with spouse/partner	Time alone without family
Every day	46.2	10.1
A few times a week	18.5	22.9
About once a week or less	20.1	30.4
About once a month or less	11.0	24.4
Never	4.1	12.2

## 16. INFORMATION/PROFESSIONAL SOURCES

Respondents were asked to identify the sources of their information on well-being and health. The wide range of responses is listed in Table 27. Information sources cited frequently included both people and media. The most frequently identified source of information was the family physician (34%), followed closely by library books (28%), and television (26%). Family members (23%) and friends (17%) were also mentioned by a sizable minority. Sixteen percent received information from Public Health Centres, which focus primarily on health promotion and disease prevention. Considerably more respondents viewed newspapers (17%) and magazines (19%) as sources of information than radio (4%).

**TABLE 27**  
**SOURCES OF INFORMATION**

(Percentages total more than 100% because respondents could provide up to 4 responses)

Source	Response %	Source	Response %
Family Doctor	33.7	Internet	2.5
Library Books	27.9	Nurses	2.5
Television	25.7	Organizations (Dieting/Support)	2.0
Family members	23.1	Government	2.0
Magazines	19.3	Hospital	1.9
Newspaper	17.3	Co-workers	1.8
Friends	17.3	Health Food Store	.5
Public Health Clinic/Centre	16.3	No information sources	.5
Medical Clinic	10.7	Medical journals/periodicals	.4
Word-of-mouth	10.2	Phone book/yellow pages	.3
Brochures	9.0	Other media (signs/videos)	.3
Other Health Professionals	8.3	Fitness facilities/gyms	.3
Children's School	6.0	Conferences/seminars/workshops	.2
Radio	4.1	Health Help Line	.2

Table 27: (continued)

Personal experience	3.4	Other	.1
Bible/church/pastor	2.9		

Respondents were asked how often they have looked for information about well-being and health in the past twelve months. Seventeen percent look for information on more than a weekly basis, 25 percent look for information on more than a monthly basis, 23 percent 6-12 times per year, 28 percent-- 1-5 times per year, and only 6 percent never look for information.

### **TOPICS OF MOST INTEREST**

Respondents cited a wide range of topics that are of most interest to them. The main areas of interest relate to parenting issues, followed by general physical health and health practices.

In the in-depth interviews 86 percent of respondents were satisfied with the information or advice they received. A further 8 percent were satisfied most or some of the time. Sixty-three percent did not have any suggestions as to what else would help in obtaining or being satisfied with information. Suggestions offered include the following: support groups, Social Services providing more guidance and programs for those in financial need, easier access to information, and legislative change. Further suggestions focusing on "mass media" include receiving information in the mail, news coverage, information sent with tax benefits, and programming on children and diet.

(See table on following page.)

TABLE 28  
TOPICS OF MOST INTEREST

Topic	% of Responses	Topic	% of Responses
<b>Income &amp; Social Status</b>	<b>1.6</b>		
Finance	1.6		
<b>Social Support Networks</b>	<b>.8</b>		
Spiritual	.4	Relationships/communication	.4
<b>Personal Health Practices</b>	<b>31.6</b>		
Physical health (general)	14.8	Dental health	.4
Fitness/exercise	9.0	Alcohol cessation	.4
Health (general)	2.1	Losing weight/obesity	.4
Nutrition/proper diet	1.6	Smoking cessation	.3
Alternative remedies/vitamins/ homeopathy/herbal	.8	Women's health/birth control/breast exams	.2
Healthy lifestyle (general)	.8	Drugs/drug abuse	.2
Medicines/medications (prescribed)	.6		
<b>Coping Skills</b>	<b>7.6</b>		
Emotional/mental health (general)	3.6	Being a better person/self confidence	.4
Stress/dealing with stress	3.2	Time management	.4
<b>Child Development</b>	<b>37.6</b>		
Child care (babies/children)	8.0	Child abuse/neglect/safety	1.9
Parenting/raising/disciplining	7.2	Immunizations	1.7
Childhood diseases/health	5.3	Sports/activities for children/families	1.7
Child development	5.3	Children's nutrition	1.2
Stability/closeness of family	2.7	Children's exercise	.5
Pregnancy/pre-natal care	2.1		
<b>Education</b>	<b>2.3</b>		
Education	2.3		
<b>Physical Environments</b>	<b>1.1</b>		
Environmental issues/environment	1.1		
<b>Health Services</b>	<b>11.5</b>		
Diseases/diagnosis/prevention	2.2	Allergies/allergy tests	.9
Other specific diseases (ear, spina bifida/respiratory/eating disorders)	1.9	Diabetes	.7
Cancer (all types)	1.9	Heart problems/disease/ blood pressure	.5
Asthma	1.8	Arthritis/joint disease	.4
Healthcare/health cuts/medical services (general)	1.0	Depression/Alzheimer's/ schizophrenia	.2
Anything/Everything	.7	Don't know/none	3.8

## **INFLUENCERS SURVEY RESULTS**

The influencer group is made up of individuals who have an influence on young parents either in their role as a parent themselves, as a professional who has contact with young parents (e.g. physician, counselor, teacher, or church official), or as an employer. The influencer audience was surveyed about their role in influencing the well-being and health of young parents and their families.

The impact of the "You're Amazing" program is expected to reach beyond the young parents targeted in this program. For this reason, and because of their role as influencers to young parents, the influencers were surveyed to measure their awareness of the determinants of health, their awareness of their role, as well as young parents' role, in promoting well-being and health, and to determine their involvement in supporting young parents and promoting well-being and health. Both quantitative and qualitative measures are used to establish a baseline measure for comparison with the young parents and with follow-up survey results.

### **17. DEMOGRAPHICS**

Current statistics were not available during preparation of this report to determine the representativeness of this sample with respect to the demographic characteristics mentioned below. These statistics are forthcoming and will be presented as an addendum to this report once they are received.

#### ***Age***

Respondents ranged in age from 18 to 91 years with the majority of influencers (61%) in the 31 to 50 age range. Partners or spouses of respondents range in age from 16 to 83. The majority (96%) of spouses or partners fall in the 31 to 55 age range.

#### ***Years of Schooling***

Respondents were asked how many years of schooling both they and their spouse or partner completed, including grade school, high school, vocational, technical and university. The range of years of schooling for influencers is 1-29 years with most cases (69%) within the 12-17 year range. The range of years of schooling for partners or spouses of influencers is 5-23 years, with 52 percent of cases in the 12 to 17 year range.

#### ***Citizenship Status***

Eighty-seven percent of respondents were born in Canada and of the remaining 13 percent, 13 percent immigrated within the last ten years, and the remaining 87 percent immigrated before that time.

#### ***Income***

Respondents were read a range of income categories and asked to select the one that most closely corresponds to their total household income. Thirty seven percent of respondents reported an



annual household income of less than \$35,000 while 63 percent reported an annual household income of \$35,000 or more. The median income for this group is \$42,500.

## 18. RELATIONSHIP TO YOUNG FAMILIES

Respondents were asked what extended family relationship, if any, they have with the young parents with which they play an influential role (Table 29). Sixty percent of respondents are in some way related to the young parents they influence.

TABLE 29  
RELATIONSHIP TO YOUNG PARENTS (percentages)

Parent	18.6	Aunt	7.3
Sibling	11.1	In-Law	4.5
Grandparent	8.2	Cousin	2.0
Uncle	7.7	Step Parent	.3
No family relationship	40.2		

Forty percent of respondents have a professional or other non-family relationship to parents in this age group. Of these relationships, most are friendships (49%) (Table 30).

TABLE 30  
TYPE OF RELATIONSHIP (percentages)

Friend	49.0	Neighbour	4.3
Teacher/teacher's assistant	12.0	Social worker	3.2
Co-worker	10.6	Employer	2.1
Health Professional	5.4	Priest/minister/rabbi	1.6
Business people	5.1	Mental Health Professional	1.3
People in non profit agencies/ committees/volunteers	4.3	Child care worker	1.0
		Other	.2

Respondents were asked how many parents in this age group they have contact with at least once a month. The majority (64%) have regular contact with between one and four parents, with the remaining influencers within the five to seventy parent range. There were two influencers of 100 parents, and two influencers of 300 parents.

## **19. BASELINE MEASUREMENT OF GOALS**

Respondents were first asked a series of open-ended questions, without prompting, regarding their perception of the contributors and barriers to well-being and health in young families and what they do to promote well-being and health in young families and in their communities. Respondents were allowed to provide up to four responses for each question. The responses to these questions are reported as given and also are coded into determinant categories for sub-sample comparisons as were the young parents' responses. Comparisons between the young parents' and influencers' responses are included in the discussion of the results. Significance values for these differences could not be calculated because of the different weights that were used for these two groups. Comparison tables are presented in Appendix A. Following the open-ended questions, respondents were asked fixed response questions for rating the importance or effect of specific determinants of well-being and health. All of these measures provide a benchmark for establishing respondents' awareness and involvement levels.

## **20. AWARENESS OF DETERMINANTS OF HEALTH**

Influencers were asked two types of questions to assess their awareness of the determinants of well-being and health. They were first asked a series of open-ended questions, without prompting, regarding their perceptions of the contributors and barriers to family well-being and health, and then perceptions of determinants of community well-being. Following these questions, they were asked to rate the importance or effect of specific determinants of well-being and health.

### ***Contributors to Family Well-being and Health***

When asked an open-ended question, "What contributes to a family's well-being and health," respondents listed a wide range of factors (Table 31). Financial security was the most frequently mentioned factor, with one-third (33%) of respondents volunteering this response. Also mentioned by a sizable minority were factors related to social support networks: love among family members (26%), supportive relationships with family and friends (20%), and time with family (16%). A secure stable home life, contributing to healthy child development, was perceived as important by 22 percent of respondents. Personal health practices, particularly good nutrition (21%), and coping skills, particularly good communication (18%), were also frequently reported.

**TABLE 31**  
**FACTORS CONTRIBUTING TO FAMILY WELL-BEING & HEALTH**  
(Percentages total more than 100% because respondents could provide up to 4 responses)

<b>Income &amp; Social Status</b>			
Financial security	33.2		
<b>Social Support Networks</b>			
Love among family members	25.6	Participation in religious activities	4.9
Supportive relationships family/friends	19.6	Support from spouse	4.5
Time with family	15.9	Participation in community/school	2.5
Spirituality	7.8	Having a social life	.1
<b>Personal Health Practices</b>			
Good nutrition	20.6	Hygiene	.5
No alcohol	.8	No drugs	.1
Better sleep	.3		
<b>Coping Skills</b>			
Good communication	18.2	Positive attitude	8.1
Good coping skills/mental health	9.2	Increased leisure time	.5
<b>Child Development</b>			
Secure stable home life	21.8	Family organization	12.0
<b>Employment &amp; Working Conditions</b>			
Good job	10.1		
<b>Education</b>			
Good education	8.9	Reading more	.3
Education re pollution	.7		
<b>Physical Environments</b>			
Housing - moved	1.1	Clean house	.3
Clean environment	.5	Safe house	.1
Safe environment	.6	Lifestyle	.1
<b>Biology &amp; Genetic Endowment</b>			
Good physical health	20.4		
<b>Health Services</b>			
Good healthcare	2.5	Available accessible health care	.5
Don't know	3.1		

When the open-ended responses with respect to awareness or lack of awareness of determinants of health are collapsed, both young parents and influencers most frequently cited social support networks as a contributing factor. However, specific responses within this broad category vary somewhat. Time with family is mentioned more frequently by young parents (27% vs. 17%). While young parents more frequently cited factors related to personal health practices, biology and genetic endowment, and physical environments, influencers more frequently cited child

development, income and social status, and coping skills. Almost 3 times as many young parents did not know what contributes to well-being and health (9%-young parent, 3%-influencer).

### **Barriers to Well-being and Health**

Respondents were asked what they thought were the principal barriers to well-being and health in young families (Table 32). Financial problems (47%) are by far the most cited barriers followed by poor communication (24%). Another 16 percent thought that lack of time influenced well-being. In relation to social support networks, 14 percent of influencers perceived that inadequate support negatively influences family well-being. While 6 percent of influencers were not able to identify specific barriers, less than one percent of respondents indicated that there are no barriers to the well-being and health of young families.

**TABLE 32**  
**BARRIERS TO FAMILY WELL-BEING & HEALTH**

(Percentages total more than 100% because respondents could provide up to 4 responses)

<b>Income &amp; Social Status</b>			
Financial problems	47.4	Poverty	1.1
Lack of stability	12.5		
<b>Social Support Networks</b>			
Lack of support from friends/family	13.5	Lack of faith/religion	1.2
Physical abuse	2.5	Lack of social life	.6
Emotional abuse	2.3	Lack of community participation	.5
Racism	1.4	Government intervention	.5
<b>Personal Health Practices</b>			
Poor nutrition/diet	8.5	Lack of sleep	1.3
Lack of exercise	3.3	Poor hygiene	.6
Drinking	2.9	Sex/Gambling	.3
Drugs	2.5	Poor lifestyle	.3
Smoking	1.4		
<b>Coping Skills</b>			
Poor communication	24.1	Too many things to do	3.5
Lack of time	15.7	Change in marital status	3.2
Stress	7.9	Don't read/watch television	1.8
Lack of self esteem/positive attitude	4.0		
<b>Child Development</b>			
Lack of discipline/structure in family	15.0		
<b>Biology &amp; Genetic Endowment</b>			
Poor health/illness	1.1		
<b>Education</b>			
Lack of education	10.0		

<b>Physical Environments</b>			
Housing location	.4	Unsafe neighbourhood	.1
Unclean neighbourhood/pollution	.2	Country living	.7
<b>Health Services</b>			
Lack of access to medical/social care	3.9		
<b>Employment &amp; Working Conditions</b>			
Not satisfied with work/job	4.5	Work to few/many hours	.7
Don't know	5.5	No barriers	.7

When comparing young parents' and influencers' responses about barriers to personal and family well-being and health, income and social status were most frequently cited (36%-young parent, 53%-influencer). In almost all health determinants, influencers more frequently cited barriers to well-being and health. The influencer responses were significantly higher in the determinant areas of child development (3%-young parent, 15%-influencer) and education (1%-young parent, 10%-influencer). Twice as many young parents were unable to define barriers to well-being and health (12%-young parent, 6%-influencer). Interesting differences are apparent within categories. For example, influencers are more than 3 times more likely to see inadequate support as a barrier (14% vs. 4%), and more than 5 times more likely to cite poor communication (24% vs. 4%). On the other hand, young parents are more likely to view lack of time as a barrier (23% vs. 17%). In the child development category, it is noteworthy that 15 percent of influencers see lack of discipline/structure as a barrier versus only 3 percent of the young parents.

## 21. Selected Determinants of Health

The following section reports responses to the selected determinants of health. These were fixed response questions where interviewers asked respondents their opinions about the effects and importance of specific health determinants.

### ***Income & Social Status***

The open-ended questions at the beginning of the survey showed that respondents are aware of the importance of financial resources for family well-being and health. Financial security was seen as a contributor to well-being and health by about one-third of respondents (Table 3), and Table 32 shows that financial insecurity is perceived to be a barrier by almost half of respondents, with both being the most widely selected items in the tables.

Similarly, in the two closed questions related to the importance of income as a determinant of health (Table 33), 40 percent of respondents rated income as very important, with 41 percent rating amount of money available for needed things as having a big effect on health.



**TABLE 33**  
**INCOME & SOCIAL STATUS (percentages)**

	Not at all important No Effect			Very important Big Effect	
	1	2	3	4	5
Amount of money available for needed things	.5	1.3	24.6	32.2	40.8
Income	.4	3.0	23.8	32.9	39.9

### ***Social Support Networks***

Respondents recognize the benefits of strong social networks. In the open-ended questions, 26 percent of respondents mentioned love among family members and 20 percent mentioned supportive relationships with family, and friends as a contributing factor to family well-being (Table 31). On Table 34 spousal abuse (88%) and love and support of family and friends (80%) are seen as having a big effect or as being very important. Appraisal support, in the form of positive feedback, was also ranked as very important (59%). Just under 2/3 (62%) thought it very important that parents spend time together. In comparison to family support networks, community networks are accorded importance by fewer respondents. Less than 1 in 3 (30%) view participation in social/cultural activities as very important. However, respondents acknowledge that communities influence (38%) and can support family well-being (42%).

**TABLE 34**  
**SOCIAL SUPPORT NETWORKS (percentages)**

	Not at all important No effect					Very Important Big Effect	
	1	2	3	4	5		
Participation social/cultural activities	.2	4.7	25.2	40.0	29.9		
Love/support of family/friends			2.8	17.2	80.0		
Receiving positive feedback	.2	.6	8.2	32.0	58.6		
Spousal abuse		.4	2.4	9.0	88.2		
Participation voluntary organizations	1.9	7.7	29.3	35.9	25.6		
Parents spending time alone together	.6	.6	9.4	27.3	61.6		
	Strongly Disagree	1	2	3	4	5	Strongly Agree
What happens in the community affects family health/well-being	2.7	5.2	19.1	34.9	37.8		
Communities that provide support for families & promote well-being/health of children	3.6	5.2	15.0	34.2	41.8		

### ***Personal Health Practices***

The majority of respondents rated the importance of health practices highly (Table 35). Adequate rest and sleep and a good diet are both rated as very important by 68 percent and 70 percent of respondents respectively. None felt that these two factors held no importance. While

regular physical activity was of slightly less importance, it is still rated as very important by 50 percent of respondents.

TABLE 35  
PERSONAL HEALTH PRACTICES (percentages)

	Not at all important	1	2	3	4	5	Very important
Regular physical activity		.5	1.0	15.0	33.5	50.0	
Adequate rest/sleep			.6	3.8	27.7	67.8	
A good diet			.4	2.3	26.8	70.4	

### ***Coping Skills***

Respondents were asked to rate the importance or effect of statements that relate to coping skills (Table 36). Over half (57%) perceive that emotional stress had a big effect on health. Parents taking time for themselves as individuals was perceived to have a big effect for over half of respondents (54%). While recreation and leisure time was considered to be of importance for over three-quarters of the respondents (78%), only 42 percent saw it as very important. When asked to rate how feelings influence their personal well-being, over 90 percent rated feelings about oneself and one's life as very important (71%) or important (24%). Forty-seven percent also reported that whether you feel you have lived a moral and decent life was very important to personal well-being.

TABLE 36  
COPING SKILLS (percentages)

	Not at all important No Effect	1	2	3	4	5	Very important Big Effect
Recreation/leisure time		.3	3.2	18.2	36.1	41.9	
Control of stress		.1	.3	8.8	28.3	62.0	
Emotional stress		.4	1.3	11.3	29.5	56.7	
Feelings about yourself and life			.4	4.5	24.1	70.9	
You have lived a moral/decent life		1.5	1.9	16.8	32.5	46.5	
Parents taking time for themselves as individuals		.2	1.7	14.1	30.5	53.6	

### ***Child Development***

Respondents were asked to rate the importance or effect of two statements relating to child development (Table 37). Respondents overwhelmingly state that child neglect (89%) and abuse has a big effect on children. None indicated no effect. Life experience as a child is also rated very important by 52 percent of respondents.

**TABLE 37**  
**CHILD DEVELOPMENT (percentages)**

	Not at all important No Effect					Very important Big Effect
	1	2	3	4	5	
Life experiences as a child	.2	3.1	13.2	30.6	52.4	
Child neglect & abuse		.4	2.1	8.8	88.7	

### ***Employment & Working Conditions***

The physical and social conditions of the workplace are seen as important to one's health and well-being by those who were employed in the workplace, as more than 8 out of 10 respondents selected the top two categories of importance or effect for these determinants (Table 38). All respondents in the survey were asked about the effect of unemployment on health, with 69 percent viewing it as having a large effect on health.

**TABLE 38**  
**EMPLOYMENT & WORKING CONDITIONS (percentages)**

	Not at all important No Effect					Very important Big Effect
	1	2	3	4	5	
Physical environment in workplace	.4	1.9	10.5	30.0	57.1	
Relations with co-workers/managers	.3	1.7	17.4	31.4	48.6	
Unemployment	.4	.5	8.4	21.1	69.2	

### ***Education***

When asked about the effect of education on well-being and health, a large majority of responses indicated an effect, with 58 percent choosing the highest level of effect and 29 percent choosing the second highest level of effect on a five point scale. One percent saw education as having no effect.

### ***Physical Environments***

Respondents were presented with environmental situations and asked to determine the importance or effect of each situation (Table 39). While smoke free environments and environmental conditions in neighbourhoods are seen as having importance by over 80 percent of respondents, there is less emphasis on the effect of injuries in the home, crime, and housing. Slightly more than one half of respondents felt that injuries in the home were very important (22%) or important (30%) to health; 61 percent rated housing as very important (28%) or important (33%), and 74 percent thought that the level of crime was very important (52%) or important (22%) to health and well-being.

**TABLE 39**  
**PHYSICAL ENVIRONMENTS (percentages)**

	Not at all important No effect				Very important Big effect
	1	2	3	4	5
Smoke free environment	1.6	4.0	12.6	16.1	65.7
Environmental conditions in neighbourhood		.3	10.4	35.2	54.0
Crime	1.5	6.3	17.6	22.1	51.8
Housing	.8	2.4	36.5	32.9	27.5
Injuries in the home	2.9	9.7	33.6	30.3	22.4

### ***Health Services***

Respondents were asked to rate the effect or importance of health/social services they receive as well as more specific services (Table 40). Overall "traditional" health services are rated highly by the majority of respondents. However, just under one-third (32%) rated social services as having a very important effect on well-being.

**TABLE 40**  
**HEALTH SERVICES (percentages)**

	Not at all important No Effect				Very important Big Effect
	1	2	3	4	5
Healthy services you receive		2.6	9.7	28.5	59.0
Social Service programs/agencies that are easily accessible	2.3	5.8	28.9	30.0	31.9
Immunization	.9	2.5	9.6	20.8	65.5
Regular dental check-ups	1.8	2.7	17.0	29.2	49.2
Regular medical check-ups	1.7	2.1	13.4	28.0	54.8

### ***Biology & Genetic Endowment***

On a scale of one to five where 1 is not at all important and 5 is very important, respondents were asked to rate the importance of physical and mental characteristics that one inherits from parents. In comparison to other determinants, this determinant was rated to be of lesser importance, with only 29 percent rating it as very important, 31 percent as important, and 11 percent rating it as either of little or no importance. Just over one-quarter (27%) were neutral on this issue.

### ***Determinants of Community Health***

Respondents were asked what factors contribute the most to a healthy community (Table 41). Factors that strengthen social support networks were most often cited. Over one-third (34%) of respondents listed community involvement as an important factor, followed by helpful (28%) and friendly (21%) neighbours. Participation in community activities (18%) and the availability of

community programs (10%) were also cited in this category. Aspects of the physical environment considered important were parks/recreational facilities (18%), low crime rate (20%), clean air and water (17%) and safety (14%).

**TABLE 41**  
**FACTORS CONTRIBUTING TO HEALTHY COMMUNITY**  
 (Percentages total more than 100% because respondents could provide up to 4 responses)

<b>Income &amp; Social Support</b>			
Money	3.5	Financial support	.2
<b>Social Support Networks</b>			
People who are involved in community	34.1	Family involvement	6.6
Neighbours who help each other	27.7	Participation religious activities	4.8
Friendly neighbours	21.3	Good government	2.3
Recreational opportunities/all ages	18.1	Good communication	1.8
Participation/community activities	17.6	Supporting community business	1.4
Community/church groups that address community needs	10.4	Positive attitude towards others/self	1.1
Accessible support programs	9.7		
<b>Education</b>			
Good schools	11.1		
<b>Employment &amp; Working Conditions</b>			
Employment/jobs	2.7		
<b>Physical Environments</b>			
Low crime rate	19.5	Services: police/fire/ambulance/library	1.1
Parks/recreational facilities	17.9	Size/location of community	.8
Clean air/water	16.6	No smoking/drugs/drinking/gambling	.6
Safety	13.8	Low noise pollution	.1
Clean neighbourhood	1.6		
<b>Health Services</b>			
Health facilities that are accessible	9.4		
<b>Community Values</b>			
Respect/honesty	1.8	Tolerance of cultural difference	.4
Strong morals in community	1.0		

The cross sample comparison shows that both the young parents and the influencers most frequently cited factors that were categorized as social networks (76%-young parent, 80%-influencer). While the influencers mention all determinant areas more frequently, the largest differences occur in education, income and social status, and employment and working conditions, where frequency of responses is more than double for influencers. While 8 percent of young parents did not know what contributes to a healthy community, all of the influencers were able to identify at least one contributing factor. Interestingly, twice as many influencers listed low crime as an important contributor to community well-being.



## 22. AWARENESS OF ROLE

### *Individual Responsibility*

Individuals perceive that they have a responsibility for their health (Table 42). Almost half of the respondents (47%) do not accord importance to chance or luck, and only 9 percent see this as a very important determinant. On the other hand, 35 percent strongly agree that what happens to a person's health depends primarily on the individual. A similar proportion (36%) view health education primarily as a family responsibility. Young Parents rated these somewhat more highly - 49 percent and 41 percent, respectively (Table 14).

TABLE 42  
HOW INFLUENCERS VIEW RESPONSIBILITY FOR WELL-BEING AND HEALTH  
(percentages)

	Not at all important				Very important
	1	2	3	4	5
Chance or luck	26.1	20.6	29.0	12.1	8.8
	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Health education is primarily the responsibility of the family	5.8	9.1	22.7	25.9	36.4
What happens to person's health depends mainly on him/herself	5.9	10.7	22.2	26.2	34.9

### *Others' Role in Promoting Well-being & Health*

Respondents were asked what others can do to contribute to the well-being and health of families (Table 43). A wide range of contributions were reported; however, the most frequently cited responses fall within the framework of providing emotional support and encouragement (50%), maintaining open communication (23%), giving positive reinforcement (20%), and spending time with families (16%). Providing instrumental support such as baby-sitting and child care (14%), providing relief for parents (11%), and financial (17%) and material support (10%) were also perceived as appropriate roles to enhance family well-being. Being a role model to parents was viewed as an appropriate role by 14 percent of respondents. In the in-depth interviews, young parents were asked what others could do to contribute to family well-being. Both emotional and instrumental support were mentioned, including acceptance, encouragement, and providing child care.

**TABLE 43**  
**HOW OTHERS CONTRIBUTE TO FAMILY HEALTH & WELL-BEING**  
 (Percentages total more than 100% because respondents could provide up to 4 responses)

<b>Income &amp; Social Awareness</b>			
Financial support	16.8	Material support (clothing/food, etc.)	10.0
<b>Social Support Networks</b>			
Emotional support/encouragement	50.3	Help people move	.9
Positive reinforcement	20.2	Helping neighbours	.8
Spend time with families	16.3	Government promotes family unit	.7
Baby-sitting/child care	13.9	Take proactive position politically	.6
Be positive example	13.7	Provide counseling/agencies help	
Take kids so parents have time alone	11.2	people	.4
Keep in touch regularly	8.1	Provide advice on religion	.2
Do volunteer work	3.1	Refer to food bank	.1
Run errands	2.4		
<b>Personal Health Practices</b>			
Provide sports/physical activity/coach	1.6	Provide advice/physical activity	.3
Provide advice	.8	Provide advice/nutrition	.2
<b>Coping Skills</b>			
Open communication (listen/give advice)	22.8	Provide advice on day-to-day living	.3
Refer to support groups/counseling	7.2		
<b>Child Development</b>			
Teach discipline/morals/respect	2.4		
<b>Education</b>			
Sources of information/education	2.3		
<b>Employment &amp; Working Conditions</b>			
Employers understand family importance	.5		
Don't know	5.5		

Respondents indicated the level of importance or agreement with statements regarding the influence of others on the well-being and health of young families. Spirituality is seen as very important by 39 percent of respondents, and just under one-third (32%) rate the feelings of others toward them as very important. About 40 percent strongly agree that governments have a responsibility in promoting family well-being, slightly less than the young parents (48%).

**TABLE 44**  
**OTHERS' ROLE IN PROMOTING WELL-BEING & HEALTH**

	Not at all important				Very important
	1	2	3	4	5
God or a spiritual force	6.2	7.3	23.9	23.0	39.4
The feelings of others towards you	.8	4.1	23.3	39.3	32.3

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Government has a responsibility to provide resources for promoting the well-being/health of young families	5.6	5.3	20.0	29.4	39.6

**Promotion of Family Well-being and Health**

Respondents were asked what a family should do to promote well-being and health in their family. The responses fall primarily within the determinants of social support networks, personal health practices and coping skills (Table 45). Forty-four percent of respondents cited spending time with family, with open communication (30%) and giving positive reinforcement (27%) as the next most prevalent responses. Eating a healthy diet (20%) and getting regular exercise (14%) are next. Responses relating to open communication, spending time with family, and maintaining discipline reflect the barriers identified in Table 32. When comparing these responses to what young families say they do to promote well-being, again there are some interesting differences. While young families spend time with family they are less likely to say they give positive reinforcement, emphasize open communication, or maintain discipline (Table 17).

**TABLE 45**  
**WHAT FAMILIES SHOULD DO TO PROMOTE WELL-BEING & HEALTH**  
(Percentages total more than 100% because respondents could provide up to 4 responses)

<b>Income &amp; Social Status</b>			
Try to live within means	2.6	Financial security	.7
Seek job to provide for family	1.0		
<b>Social Support Networks</b>			
Spend time with family	43.7	Participation in religious activities	8.3
Give positive reinforcement	27.4	Keep in touch with friends/family	4.7
Participation in community/school	9.6	Having a social life	.2

<b>Personal Health Practices</b>			
Eat a healthy diet	20.0	No smoking	.4
Get regular exercise	14.4	Hygiene (oral/body)	.2
Get enough sleep	2.6	Lifestyle	.1
Alternative remedies	.5		
<b>Coping Skills</b>			
Open communication with family	29.9	Get family counseling	2.0
Keep positive attitude	12.7	Increased leisure time	1.6
Get personal counseling	2.4	Good coping/mental health	1.1
<b>Child Development</b>			
Provide a secure stable home life	11.7	One parent not working outside home	3.5
Maintain discipline/structure in family	10.4		
<b>Education</b>			
Take courses (personal & upgrading)	7.6	Reading more	1.2
<b>Physical Environments</b>			
Safe neighbourhood	.2	Clean house	.1
Clean neighbourhood	.2	Country living	.1
Safe house	.1	No smoking in home	.1
<b>Health Services</b>			
Regular medical check-up	2.9	Regular dental check-up	.4
<b>Biology &amp; Genetic Endowment</b>			
Good health	.4		
Other	.9	Don't know	3.0

## 23. INVOLVEMENT IN SUPPORTING/INFLUENCING YOUNG FAMILIES

### ***Ways of Helping Young Families***

Respondents were asked how frequently they were *asked for* information or advice, *gave* information or advice, and had helped young parents in *other ways*. Information and advice asked for (33%) and given (36%) most commonly happens 1-5 times per year. Regarding other ways of helping (Table 46), respondents helped most in the areas of baby-sitting (37%) and providing emotional support and encouragement (37%). However, about a fifth of respondents reported providing material (21%) and financial support (20%). These other ways of helping were given between 1-5 times a year by 29 percent of respondents, 6-12 times a year by 28 percent and more than every week by 15 percent of respondents.

**TABLE 46**  
**WAYS OF HELPING YOUNG FAMILIES**

(Percentages total more than 100% because respondents could provide up to 4 responses)

<b>Income &amp; Social Status</b>			
Financial support	21.8	Material support (clothing/food, etc.)	18.6
<b>Social Support Networks</b>			
Baby-sitting	37.0	Set positive example	3.7
Emotional support/encouragement	36.8	Do volunteer work	2.3
Time with families	19.3	Advice: religion/religious studies	.7
Took children so parents had time	17.7	Help people move	.5
Positive reinforcement	10.4	Counseling/agencies to help people	.2
Keep in touch regularly	7.9	Help neighbours (Watch/Block Parent)	.1
Ran errands	7.7	Take proactive positions politically	.1
<b>Personal Health Practices</b>			
Teach/promote healthy living	.8	Advice on nutrition	.1
Provide sports/activities/coaching	.7		
<b>Coping Skills</b>			
Maintain open communication	21.0	Advice: day-to-day living	.5
Referred to support group/counseling	8.9		
<b>Child Development</b>			
Teach discipline/morals/respect	.1		
<b>Employment &amp; Working Conditions</b>			
Employers understand family importance	.9		
<b>Education</b>			
Sources of information/education	.3		
<b>Physical Environment</b>			
Home maintenance/renovation	1.0	Provide shelter	.3
Other	.2	Don't know	1.4

### ***Behaviours that Promote Community Health***

Respondents were asked what they do to promote the health of their communities. Almost half (46%) of respondents volunteer in community or school activities and 35 percent participate in community or school activities. Neighbourhood relationships are also important. Twenty-four percent of respondents reported helping neighbours, while 13 percent specifically cited watching their neighbour's house while they are away. Efforts to enhance the physical aspects of the environment, such as picking up litter (17%) and recycling (11%), were also mentioned. Five percent volunteered that they are politically active to promote change in the community.



**TABLE 47**  
**BEHAVIOURS TO PROMOTE COMMUNITY HEALTH**

(Percentages total more than 100% because respondents could provide up to 4 responses)

<b>Social Support Networks</b>			
Volunteer community/school	45.6	Participate in religious activities	2.0
Participate community/school	34.7	Know neighbors/show respect	1.5
Help out neighbours	23.8	Teach/promote/give health information	1.3
Watch neighbours house when away	12.5	Provide/refer support groups/counseling	.8
Politically active to promote change	5.2	Support/own community business	.1
At job/promote community health	4.0		
Give donations to charities	2.5		
<b>Physical Environments</b>			
Pick up litter	16.9	Practice safety: driving/obey law	.2
Recycle	10.7		
<b>Community Values</b>			
Teach family values/parenting	1.4	Pay taxes & health premiums	.9
Be good citizen/role model	1.4		
Don't know	2.9		

For both young parents and influencers, when asked what they do to promote well-being and health, responses relating to social support networks, physical environments and community values were mentioned. The most frequently cited determinant is social support networks (70%-young parent, 77%-influencer), followed by physical environments (21%-young parent, 22%-influencer) and community values (3%-young parent, 8%-influencer). More than three times as many young parents (10%-young parent, 3% influencer) did not know what they do to promote well-being and health.

### **Level of Participation**

Level of participation in community and religious activities varies, with more respondents participating in weekly religious activities (26%) than in weekly community activities (20%). The number of respondents not at all participating is, however, higher for religious activities.

**TABLE 48**  
**PARTICIPATION IN COMMUNITY & RELIGIOUS ACTIVITIES (percentages)**

	Community activities or meetings	Religious services or meetings
At least 1 per week	20.1	25.6
At least 1 per month	29.2	18.0
At least 3-4 per year	21.6	14.9
At least once a year	10.5	11.3
Not at all	18.3	30.2

## **Community Influence**

Respondents were read statements regarding their perceptions of the community influence on well-being as well as their ability to influence the community. Seventy-three percent either strongly agree (38%) or agree (35%) that community influences well-being. However, just over half (52%) strongly agree (24%) or agree (28%) that they can influence decisions that affect their community. Only 17 percent of respondents either strongly disagree (8%) or disagree (9%) that they can influence decisions affecting their community.

## **24. Information Sources**

Respondents were asked to define the sources of information they refer to in looking for general information on well-being and health of the family. The wide range of responses are listed in the following table. The media (newspaper, television, library books and magazines) are mentioned most frequently, followed by family physicians (23%).

TABLE 49  
SOURCES OF INFORMATION (percentages)

Newspaper	39.3	Hospital	3.7
Television	36.7	Children's school	3.7
Library books	30.9	Pastor/Church/Bible	2.4
Magazines	28.9	Government	2.3
Family doctor	22.5	Nurses	2.2
Word of mouth	13.9	Phone book/yellow pages	1.5
Friends	12.7	Conferences/seminars/workshops	1.2
Other health professionals	11.9	Health Food Stores	1.0
Family members	11.0	Medical journals/periodicals	1.0
Radio	10.4	Organizations (dieting/support)	.9
Public health clinic/centre	8.9	Fitness facilities/gyms	.3
Brochures	7.9	Financial professionals	.2
Medical Clinic	7.5	Other media (signs/videos)	.1
Internet	5.1		
Co-workers	4.0		
Personal experience	4.2	No information sources	.2

Respondents were asked how often they looked for information about health and well-being in the past twelve months. Twenty-one percent of respondents looked for information on a more than weekly basis, 20 percent look for information on a more than monthly basis, 17 percent six to twelve times per year, 30 percent one to five times per year, and 10 percent never look for information.

## 25. SECONDARY DATA COMPARISON

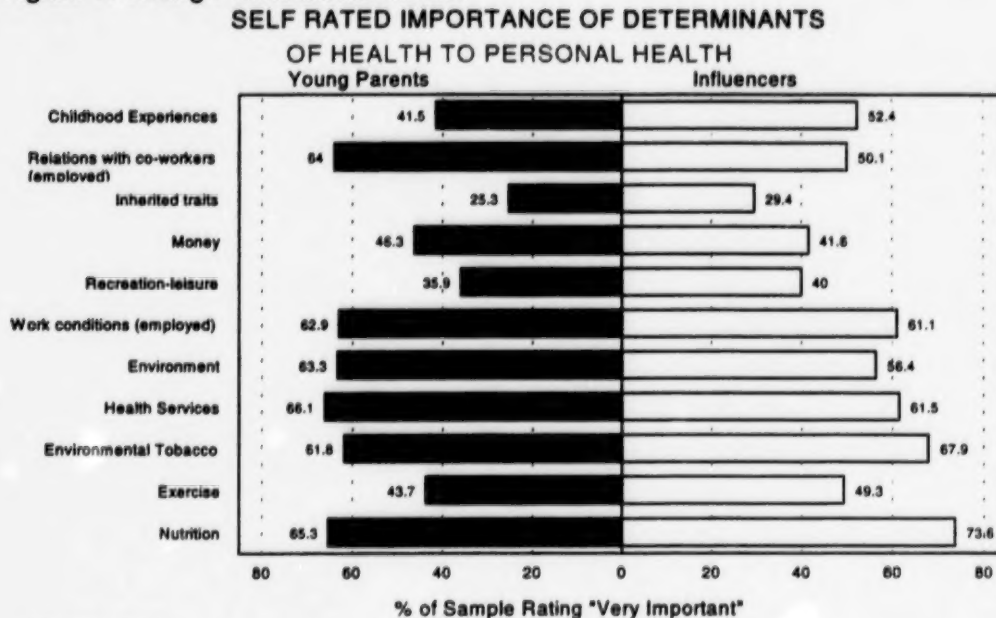
The following are comparison tables for responses to questions that were asked in the Public Perceptions of the Determinants of Health (PPDH) Survey—a Canada wide survey carried out in 1996 and reported in Canada's Health Monitor. Comparisons are made between a Canadian sample and sub-samples of this group and the "You're Amazing" sample. Reviewing these tables, both the young parents and the influencers responding to the "You're Amazing" evaluation baseline survey consistently show a broader awareness of the determinants of health than the sample responding to the PPDH survey.

The following tables present the responses to the following question:

"The next few questions are about what you think is important for well-being and health. On a scale of one to five, where one means not at all important and five means not at all important and five means very important, please tell me how important each of the following is to your personal health."

- a. Your life experiences as a child
- b. Your relations with co-workers and managers
- c. The physical and mental characteristics you inherit from your parents
- d. The amount of money you have available for the things you need
- e. Recreation and leisure time
- f. Physical environment in the workplace
- g. Environmental conditions in your neighbourhood
- h. The health services you receive
- i. A smoke-free environment
- j. Regular physical activity such as exercise, sports or games
- k. A good diet

Figure 1: Young Parents/Influencers.



PRL 1997 PHPP

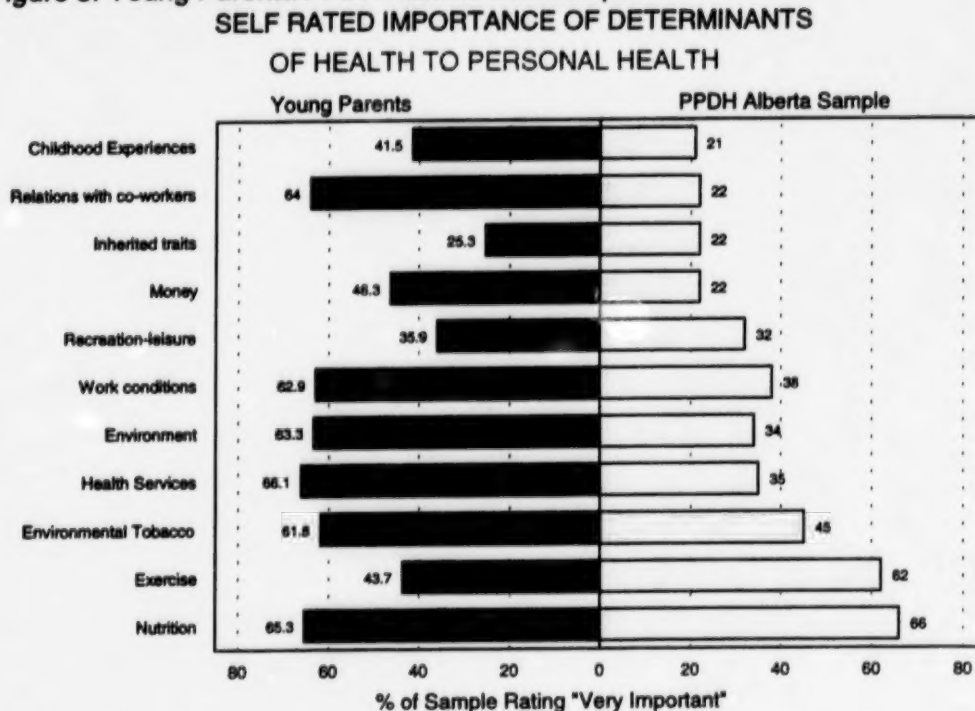
Figure 2: PPDH Canadian Sample.



PRL 1997 PHPP

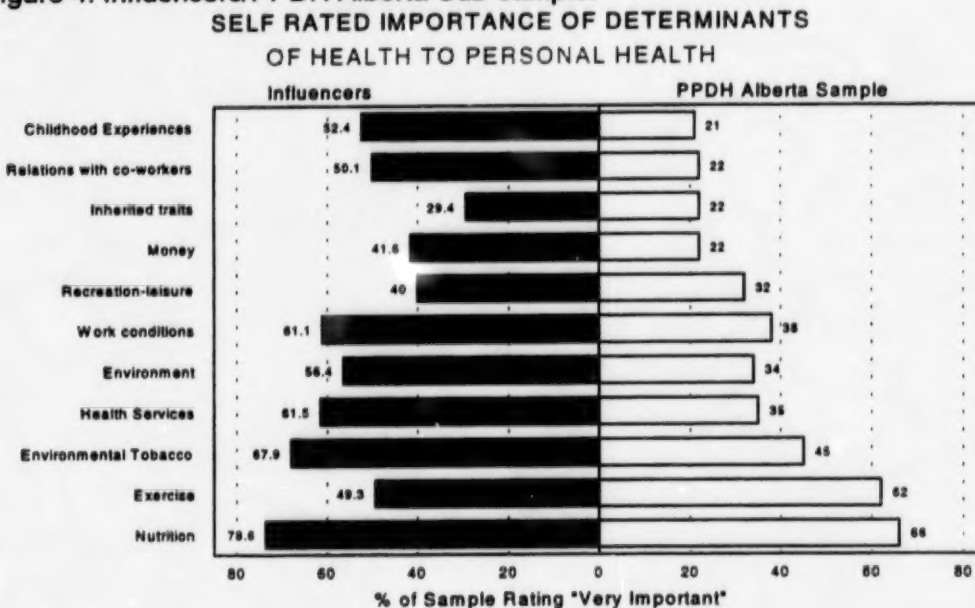
Source: "Public Perceptions of the Determinants of Health," Canada's Health Monitor, 1996.

Figure 3: Young Parents/PPDH Alberta Sub-sample.



PRL 1997 PHPP

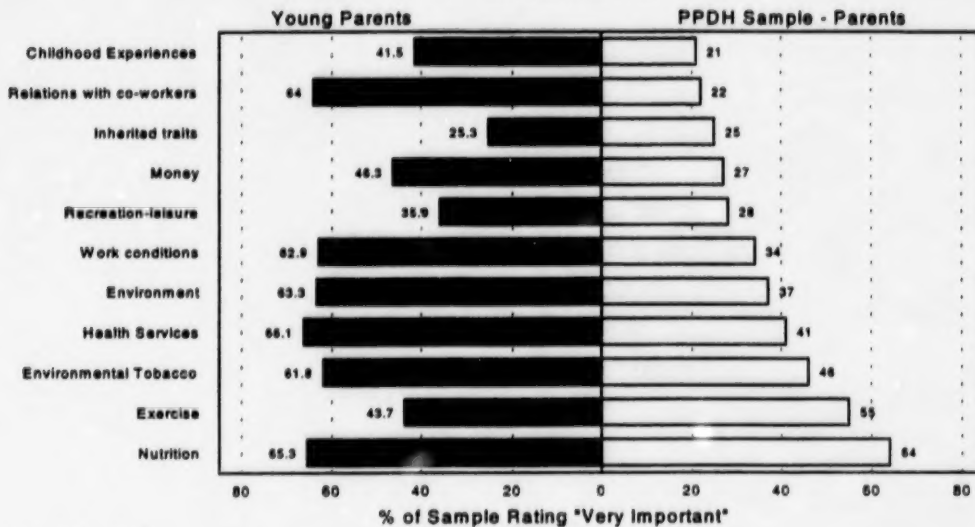
Figure 4: Influencers/PPDH Alberta Sub-sample.



PRL 1997 PHPP

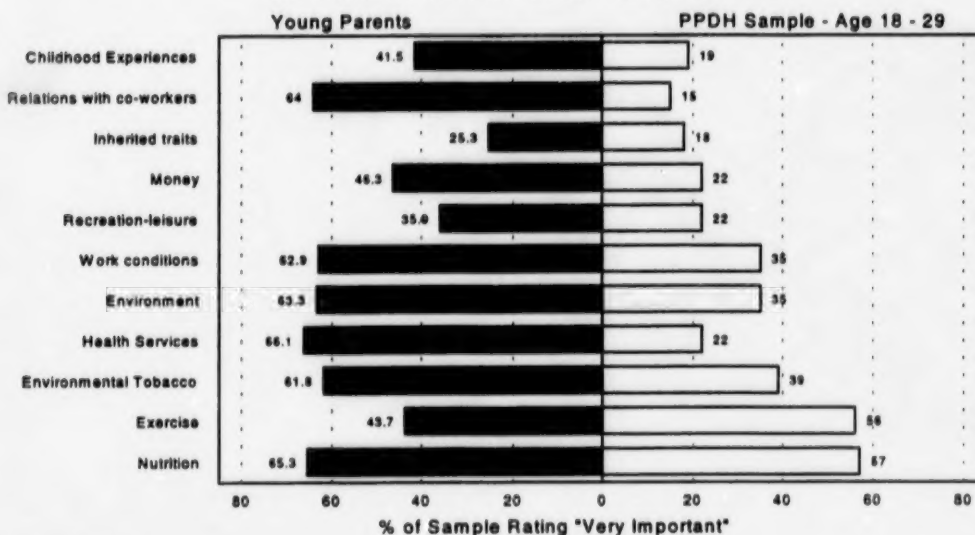


**Figure 5: Young Parents/PPDH Sub-sample of Parents.**  
**SELF RATED IMPORTANCE OF DETERMINANTS**  
**OF HEALTH TO PERSONAL HEALTH**



PRL, 1997 PHPP

**Figure 6: Young Parents/PPDH Sub-sample 18-29 years.**  
**SELF RATED IMPORTANCE OF DETERMINANTS**  
**OF HEALTH TO PERSONAL HEALTH**



PRL, 1997 PHPP

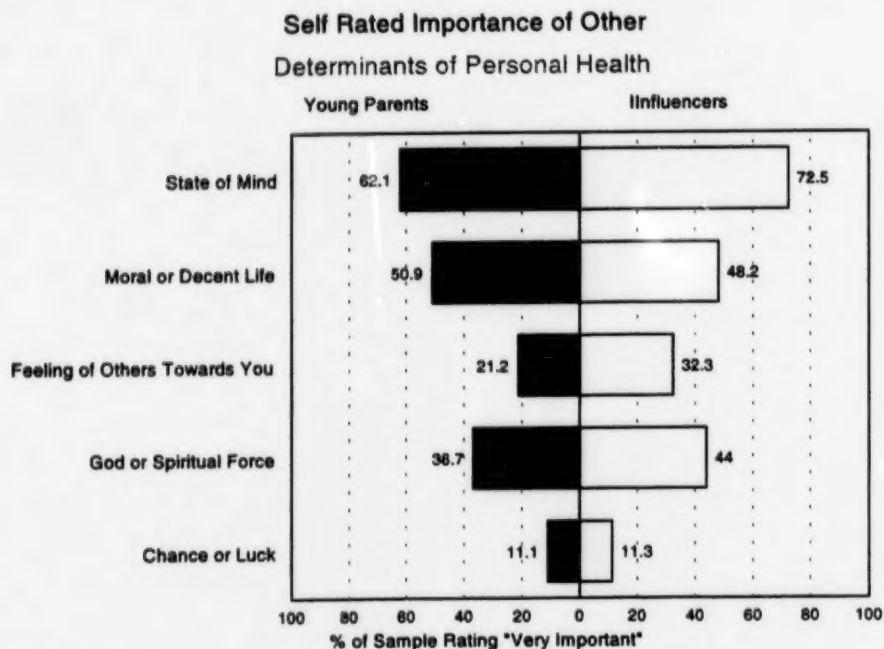
The PPDH survey also asked the following questions, which were included in the "You're Amazing" questionnaire.

"Some people believe other things may also affect their personal health. On a scale of one to five, where one means "not at all important" and five means "very important," please tell me how important each of the following is to whether you are personally healthy.

- a. Your own feelings about yourself and life.
- b. Whether you feel you have lived a moral and decent life.
- c. The feelings of others toward you.
- d. God or a spiritual power or force.
- e. Chance or luck.

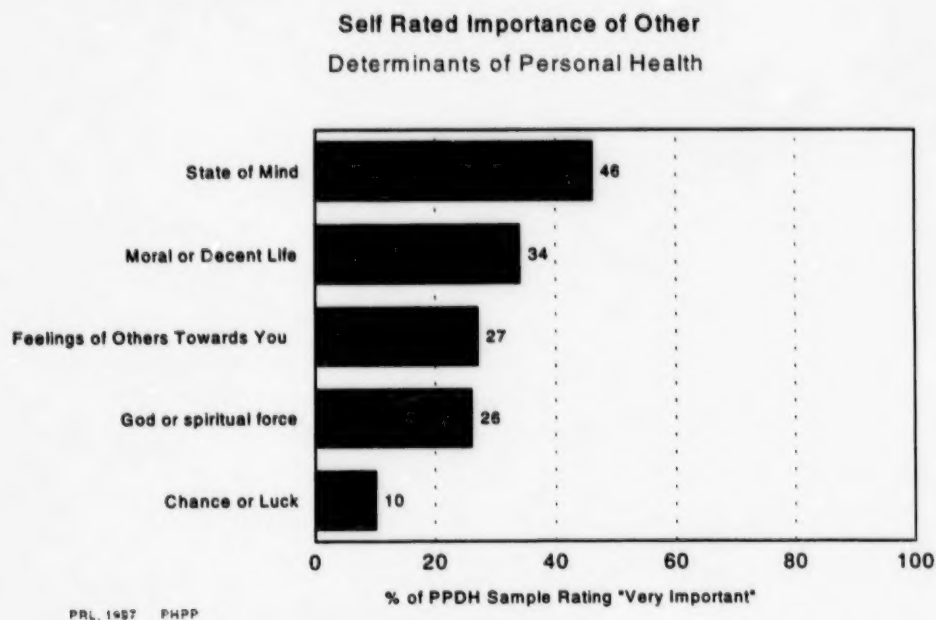
Percentages in the tables are based on the number of respondents who answered "Very Important."

Figure 7: Young Parents/Influencers



PRL 1997 PHPP

Figure 8: PPDH Canadian Sample



Source: "Public Perceptions of the Determinants of Health," Canada's Health Monitor, 1994

## 26. CONCLUSION

Two types of questions were used to establish the benchmarks to be used for measuring change with respect to the goals of the "You're Amazing" program: open-ended questions to elicit unprompted responses and fixed response questions in which young parents rated the importance or effect of specified factors related to the health determinants on their own well-being and health.

The open-ended questions, presented at the beginning of the questionnaire, provide an indicator not only of young parents' awareness of health determinants and their involvement in promoting well-being and health, but also of the issues that are of most concern for young parents in maintaining their personal well-being and health and the well-being and health of their families. Fixed response questions, on the other hand, provide a measure of young parents' general awareness of the determinants of health.

### ***Awareness of Determinants***

The results show that *social support* is by far the most predominant determinant of health for young parents with respect to their views of what contributes to their personal and family well-being and health, and what they do to promote well being and health in their family. The majority of the responses in this category relate to fostering a supportive nuclear family environment rather than extended family and community networks. *Personal health practices* are also seen as important for well-being and health as exemplified in their responses about what they do to contribute to well-being and health, changes they have made and changes they plan to make.

The barriers to well-being and health most frequently mentioned by young parents were related to *income and social status* and *coping skills*. Financial need influenced well-being by limiting choices in providing basic needs, recreational and leisure time pursuits, and child care options, as well as placing time constraints on young families. All of these factors lead to increased stress. When citing *coping skills* as a barrier, young parents more often mentioned "lack of time," often related to having time for self and family. Fully 12 percent of young parents indicated that they never have time alone, and only 10 percent found time alone for themselves daily. This in spite of the fact that time away was seen as a major coping strategy to deal with the many challenges they face.

While young parents focus on *social support*, *personal health practices*, *income and social status* and *coping skills* when responding to open-ended questions about contributors and barriers to well-being and health, ratings of specific health determinants in fixed response questions from the "Public Perceptions of the Determinants of Health" survey show that young parents possess a general awareness of the effect of all the determinants of health. In these specific questions, over 75 percent of young parents rated most of the determinants as "important" or "very important" to their personal health. Those that were not rated as "important" or "very important" to personal health as frequently were life experiences as a child (72%) and inherited traits (56%).

### ***Awareness of Role in Promoting Well-being and Health***

Factors relating to *personal health practices*, predominantly exercise and diet, and *social support networks*, most often increasing time with family, are most frequently mentioned as areas of planned change for young parents. The focus on these areas, rather than on the areas that they cite as barriers, may be related to their sense that they can control these factors.

When asked about responsibility for their own health, almost 80 percent of young parents indicate that what happens to their health depends on them, and almost 70 percent feel that health education is primarily the responsibility of the family. But, similar numbers also agree that government has a responsibility to provide resources that will promote family well-being.

Young parents take responsibility for their own and their families' well-being and health, but they are also aware of their need for support. In the in-depth interviews, young parents also noted that support from family and friends in the form of emotional support, child care, and financial assistance were factors that help them to carry out health promoting behaviours.

### ***Involvement in Promoting Well-being and Health***

Young parents most frequently mention areas relating to *social support networks and personal health practices* as the ways they contribute to the well-being and health of their families. Sixty-two percent of young parents have made changes in the past 12 months to promote well-being and health, the majority relating to *personal health practices*.

However, young parents' responses relating to changes made, changes planned and behaviours that promote well-being and health indicate that they do little in these areas to address the barriers they identify most frequently--financial constraints and inadequate time. Not only are these seen as barriers to well-being and health, they are also seen as getting in the way of realizing future changes and as barriers to community involvement. They also relate to the major sources of stress that were mentioned in the fixed response questions regarding family relationships and in-depth responses relating to their daily challenges, particularly parenting.

### ***Community Awareness and Participation***

*Social support networks* is the most frequently mentioned factor contributing to well-being and health of the community (78%), as well as the most frequently mentioned with respect to what young parents do to promote well-being and health in their communities (65%). Although rarely mentioned as a contributor to personal well-being and health, *physical environments* is the second most frequently mentioned determinant for healthy communities and for contributions made to promoting a healthy community. Factors relating to other determinants were rarely mentioned. While young parents appear to understand the value of community support, less than one-half of the young parents feel "connected" to their communities. While they acknowledge the role that communities play in family well-being, just under half (49%) feel that they can influence decisions in their community.



### ***Limitations of the Data***

The classification of open-ended responses into determinant categories, while necessary for analysis, provides only a limited interpretation of the data. Although the determinants are presented as individual elements, they are highly inter-related. Examples of this arise in many areas. Supportive family relationships, which were classified as social support networks, are a key element in child development. Exercise, classified as personal health practice, is also a positive stress reducer and can improve one's ability to cope. Education is not only beneficial because it increases knowledge, it also affects employability and earning potential; thus, it is related to income and social status. These inter-relationships and how young parents view them are not always apparent from the open-ended responses or responses to the rating questions. Furthermore, there is a broad variety of factors within each determinant. It is important to look at the specific responses within each category (listed in the tables of responses) to get information that will be useful for program initiatives. For example, influencers see poor communication within families as a major barrier in the *coping skills* area; young parents, on the other hand, see lack of time as the major barrier in the coping skills area.

Young parents were only able to provide up to four responses for the open-ended questions. This prohibited them from mentioning factors that relate to all 10 of the determinants identified for this evaluation, even if they are aware of them. As a result, it is those things that are foremost on their minds at the time of the interview that are most likely to be represented in those responses. Although they focused on the four determinants mentioned above, this does not provide evidence that they lack awareness of other determinants. It is simply an indicator of which issues are most salient for this group.

Fixed response questions, on the other hand, provide a measure of young parents' general awareness of the determinants of health. Responses to these questions show that young parents do possess a general awareness of the broader determinants of health. For almost all of the specific factors presented in the fixed response questions, over 75 percent of young parents rated them as important or very important to their personal health. While the goal of the "You're Amazing" program is to increase this to 90 percent for all factors, this result shows a good majority of young parents are already aware of factors that influence their well-being and health.

### ***Considerations for Program Initiatives and Evaluation***

While many young parents demonstrate a general awareness of the determinants of health, program efforts should continue attempting to increase this awareness; however, the focus of the program initiatives should go beyond increasing young parents' awareness of the determinants of health by supporting this awareness and affirming positive behaviours and encouraging involvement in practices to reduce the barriers to well-being and health that these young parents have identified. Policy implications related to decreasing financial barriers also need to be considered to enhance family well-being.

Evaluation efforts, likewise, while continuing to monitor awareness of the determinants of

health, will concentrate on determining the effectiveness of program initiatives. In encouraging young parents to maintain the positive behaviours they already engage in and in providing young parents with alternatives for dealing with their identified barriers.

Finding measurable change that can be directly attributed to the "You're Amazing" program will be difficult. A large number of young parents in this sample already exhibit awareness of the determinants of health and their role in promoting well-being and health. This may be due, in part, to the considerable current focus on health promotion, not only on the part of health service providers, but in the broader social context. Even new car advertisements focus on time with family and reduced stress. Because of this social trend, observed changes in the target group (young parents) may not be directly attributed to the "You're Amazing" program. Close monitoring of the program, and tracking the reach of the program in follow-up surveys, will be required for evaluation of the effectiveness of this program in reaching its objectives with respect to the target audience, young parents.

## **APPENDIX A**

### **Cross Tabulations**

## YOUNG PARENTS SUB-SAMPLE CROSS-TABULATIONS

The following tables present the results of cross-tabulations for sub-samples of the primary target group (young parents). Pearson's Chi-Squared Statistic was used, along with Fisher's exact test for cases when the minimum expected value was less than 5 to test for significant differences within the cross-tabulations. Significance levels of  $p < .05$  are reported.

### MALE / FEMALE CROSS-TABULATIONS

#### *Awareness of Determinants:*

##### Factors Contributing to Well-being and Health

Awareness or lack of awareness about determinants of health appears to be consistent between males and females. Social support networks are cited most frequently by both as a contributing factor, followed by personal health practices, biology and genetic endowment, income and social status, child development and coping skills. A number of respondents replied that they did not know what contributes to well-being and health (10% males, 8 % females).

Table A1: Factors Contributing to Well-being and Health (Male/Female Responses*)		
<i>(Statistically Significant Differences Highlighted)</i>	MALE	FEMALE
Social Support Networks	46.1	45.6
<b>Personal Health Practices</b>	<b>30.0</b>	<b>42.8</b>
<b>Biology &amp; Genetic Endowment</b>	<b>18.8</b>	<b>31.3</b>
<b>Income &amp; Social Status</b>	<b>27.1</b>	<b>17.1</b>
Child Development	19.6	23.3
Coping Skills	18.8	19.4
<b>Employment &amp; Working Conditions</b>	<b>13.0</b>	<b>4.7</b>
Don't Know	10.4	8.2
Education	4.8	4.7
Physical Environments	4.8	7.1
Health Services	1.8	1.9
Other	0.0	0.2

\* Responses are weighted by Place (Urban-Rural) and Gender (Male-Female).

##### Barriers to Well-being and Health

Differences between male and female perceptions of barriers arise in the areas of employment and working conditions, education and biological and genetic endowment. While the differences in the number of responses that mention these determinants is significant, they are not mentioned that frequently over all. For both men and women, income and social status (41%-males, 35%-females) and coping skills (37%-males, 33%-females) are the most frequently mentioned barriers to well-being and health for themselves and their families, with no significant differences between the number of responses.

Table A2: Barriers to Well-being and Health  
(Male/Female Responses\*)

<i>(Statistically Significant Differences Highlighted)</i>	MALE	FEMALE
Income & Social Status	40.6	35.0
Coping Skills	37.3	32.8
Don't Know	12.2	11.9
Social Support Networks	6.6	6.9
Personal Health Practices	6.6	7.8
Health Services	4.8	4.5
<b>Employment &amp; Working Conditions</b>	<b>2.9</b>	<b>5.6</b>
Child Development	3.3	2.4
Physical Environments	2.9	3.0
<b>Biology &amp; Genetic Endowment</b>	<b>1.1</b>	<b>3.2</b>
<b>Education</b>	<b>2.9</b>	<b>0.9</b>
Other	0.0	0.0

\* Responses are weighted by Place (Urban-Rural) and Gender (Male-Female).

### Factors Contributing to Well-being and Health in the Community

With respect to what contributes to a healthy community, social support networks are cited by 75% of men and 78% of women. Physical environment is the next most frequently cited determinant (42% of males and 30% of women). The difference between male and female responses for this factor is highly significant; however the frequency of responses suggest that both males and females feel that physical environment is an important contributor to the well-being of a community. Health services and education are mentioned by 5% of respondents. Nine percent of male respondents and 7% of female respondents do not know what might contribute to a healthy community.

Table A3: Factors Contributing to Well-being and Health in the Community  
(Male/Female Responses\*)

<i>(Statistically Significant Differences Highlighted)</i>	MALE	FEMALE
Social Support Networks	74.6	78.4
<b>Physical Environments</b>	<b>42.0</b>	<b>29.8</b>
Don't Know	8.8	7.3
Health Services	5.5	5.6
Education	5.1	5.2
Income & Social Status	2.6	2.2
Other	1.8	1.7
Employment & Working Conditions	1.5	0.4
Community Values	1.3	4.1

\* Responses are weighted by Place (Urban-Rural) and Gender (Male-Female).



## ***Awareness of Role in Promoting Well-being and Health***

### **Planned Changes to Improve Well-being and Health**

Plans for changes to improve well-being and health were included as a measure of individuals' awareness of their role in promoting their own and their families well-being and health. The assumption is that planned change implies sense of responsibility to make the change.

The most frequently mentioned determinants were personal health practices, social support networks and coping skills. Significant differences in number of responses for males and females were found with respect to education, social support networks and personal health practices. Each of these determinants was mentioned more frequently by women than by men.

Table A4: Planned Changes to Improve Well-being and Health  
(Male/Female Responses\*)

<i>(Statistically Significant Differences Highlighted)</i>	MALE	FEMALE
<b>Personal Health Practices</b>	<b>30.3</b>	<b>37.8</b>
<b>Employment &amp; Working Conditions</b>	<b>18.5</b>	<b>13.6</b>
<b>Social Support Networks</b>	<b>17.7</b>	<b>23.8</b>
Coping Skills	13.3	14.5
Child Development	11.5	8.0
Don't Know	9.7	6.5
Physical Environments	9.0	8.4
<b>Education</b>	<b>8.4</b>	<b>17.3</b>
Income & Social Status	5.9	4.3
Health Services	1.8	1.1
Other	0.4	0.4

\* Responses are weighted by Place (Urban-Rural) and Gender (Male-Female).

## ***Involvement in Promoting Well-being and Health***

### **Behaviours Contributing to Well-being and Health**

When asked what they do to promote well-being and health, again, the most frequently cited determinant is social support networks (56%-males, 64%-females), followed closely by personal health practices (54%-males, 55%-females). Significant differences show up between men and women with regard to income and social status and social support networks.

Men cite income and social status more frequently than women as one of the ways they contribute to the well-being and health of their families. They also cite it significantly more frequently as a contributor to well-being and health (Table A1). These differences are not surprising when considering, for the most part, males and females still play traditional family roles of bread winner and care giver, respectively.

Table A5: Behaviours Contributing to Well-being and Health  
(Male/Female Responses\*)

<i>(Statistically Significant Differences Highlighted)</i>	MALE	FEMALE
<b>Social Support Networks</b>	<b>56.5</b>	<b>64.2</b>
Personal Health Practices	54.3	54.6
Child Development	15.5	15.3
Coping Skills	15.2	16.0
<b>Income &amp; Social Status</b>	<b>6.2</b>	<b>3.0</b>
Education	4.0	3.9
Don't Know	4.0	4.8
Physical Environments	2.6	2.6
Health Services	1.5	2.2
Employment & Working Conditions	0.0	0.0
Other	0.0	0.0
Biology & Genetic Endowment	0.0	0.4

\* Responses are weighted by Place (Urban-Rural) and Gender (Male-Female).

### Changes Made to Improve Well-being and Health

While social support networks is a frequently mentioned behaviour (Table A5), most respondent cite changes in personal health practices (31%-males, 50%-females). The difference between men and women is also significant here. Significant differences with respect to personal health practices arise in the areas planned changes as well (Table A4). A possible explanation may stem from the fact that women feel a greater need to increase their physical activity (70% of women, as opposed to 56% of men, feel they get less exercise than needed) and, given that women are generally the primary care giver, they are also more likely to be concerned with diet and nutrition than men are. (Both responses were categorized as personal health practices).

It is interesting to note that, while significantly more men view education as a barrier to well-being and health (Table A2), significantly more women have made changes or plan to make changes in this area (Table A4).

Table A6: Changes Made to Improve Well-being and Health  
(Male/Female Responses\*)

<i>(Statistically Significant Differences Highlighted)</i>	MALE	FEMALE
<b>Personal Health Practices</b>	<b>30.7</b>	<b>49.7</b>
Physical Environments	9.3	10.4
<b>Employment &amp; Working Conditions</b>	<b>8.8</b>	<b>3.9</b>
Coping Skills	5.1	7.6
Social Support Networks	3.7	3.2
<b>Education</b>	<b>2.2</b>	<b>4.5</b>
<b>Other</b>	<b>1.1</b>	<b>3.5</b>
Child Development	1.1	0.4
Health Services	0.4	0.9
<b>Income &amp; Social Status</b>	<b>0.0</b>	<b>3.0</b>
Biology & Genetic Endowment	0.0	0.0
Don't Know	0.0	0.0

\* Responses are weighted by Place (Urban-Rural) and Gender (Male-Female).

## Behaviours Contributing to Well-being and Health in the Community

When asked about what they do to promote well-being in their communities, males and females showed no differences in their responses. The most frequently mentioned determinants were social support networks and physical environment.

Table A7: Behaviours Contributing to Well-being and Health in the Community  
(Male/Female Responses\*)

<i>(Statistically Significant Differences Highlighted)</i>	MALE	FEMALE
Social Support Networks	72.4	64.4
Physical Environments	17.4	21.6
Don't Know	9.7	10.1
Community Values	3.3	3.0
Employment & Working Conditions	0.0	0.0
Income & Social Status	0.0	0.0
Other	0.0	0.2

\* Responses are weighted by Place (Urban-Rural) and Gender (Male-Female).

## URBAN/RURAL CROSS-TABULATION COMPARISONS

### *Awareness of Determinants:*

#### Factors Contributing to Well-being and Health

Urban/Rural comparisons show similar levels of awareness of factors contributing to well-being and health between the two groups. However, there are three areas that show significant differences: education (6% urban vs. 2% rural), health services (1% urban vs. 3% rural), and the "Don't Know" category. Significantly more urban respondents state that they don't know or don't understand what contributes to well being and health. The significant differences between the two groups with respect to education and health services are likely a reflection of the geographic differences—rural residents have a more difficult time accessing health services than their urban counterparts, and urban residents are more aware of the effect that education or lack of it has on their well-being. However, neither of these determinants are mentioned frequently by either group.

Table A8: Factors Contributing to Well-being and Health  
(Urban/Rural Responses\*)

<i>(Statistically Significant Differences Highlighted)</i>	URBAN	RURAL
Social Support Networks	43.8	50.0
Personal Health Practices	41.2	36.4
Biology & Genetic Endowment	29.2	26.3
Child Development	22.8	20.7
Coping Skills	20.4	16.6
Income & Social Status	20.0	18.6
<b>Don't Know</b>	<b>10.1</b>	<b>6.2</b>
Employment & Working Conditions	7.0	6.5
Physical Environments	6.6	6.5
<b>Education</b>	<b>5.8</b>	<b>2.4</b>
<b>Health Services</b>	<b>1.2</b>	<b>3.3</b>
Other	0.0	0.3

\* Responses are weighted by Place (Urban-Rural).

#### Barriers to Well-being and Health

Differences between urban and rural respondents' perceptions of barriers arise in the areas of coping skills, employment and working conditions, and physical environments. For both groups, however, income (38%-urban/ 33%-rural) and coping skills (37%-urban/26%-rural) are the most frequently mentioned barriers. All other barriers are mentioned by fewer than 10% of respondents.

Table A9: Barriers to Well-being and Health  
(Urban/Rural Responses\*)

<i>(Statistically Significant Differences Highlighted)</i>	URBAN	RURAL
Income & Social Status	38.1	32.5
<b>Coping Skills</b>	<b>37.3</b>	<b>26.0</b>
Don't Know	11.1	13.9
Social Support Networks	7.6	5.0
Personal Health Practices	6.6	9.8
Health Services	5.0	3.3
<b>Employment &amp; Working Conditions</b>	<b>3.1</b>	<b>8.9</b>
Child Development	3.1	1.5
Biology & Genetic Endowment	2.7	2.7
<b>Physical Environments</b>	<b>2.3</b>	<b>4.7</b>
Education	1.5	0.9
Other	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).

### Factors Contributing to Well-being and Health in the Community

With respect to what contributes to a healthy community, social support networks are cited by 76% of urban residents and 81% of rural residents. Physical environment is the next most frequently cited determinant (36%-urban and 25%-rural). The differences between urban and rural respondents for these factors are highly significant; however the frequency of responses suggest that both groups feel that physical environment is an important contributor to the well-being of a community. Although not frequently mentioned by either group, community values are mentioned significantly more often by rural residents (4%) than by urban residents as a factor that contributes to a healthy community.

Table A10: Factors Contributing to Well-being and Health in the Community  
(Urban/Rural Responses\*)

<i>(Statistically Significant Differences Highlighted)</i>	URBAN	RURAL
<b>Social Support Networks</b>	<b>75.7</b>	<b>81.4</b>
<b>Physical Environments</b>	<b>36.2</b>	<b>24.9</b>
Don't Know	8.0	6.5
Health Services	5.4	6.2
Education	4.6	6.5
Income & Social Status	1.9	3.0
Other	1.9	1.2
<b>Community Values</b>	<b>1.9</b>	<b>4.4</b>
<b>Employment &amp; Working Conditions</b>	<b>0.0</b>	<b>2.1</b>

\* Responses are weighted by Place (Urban-Rural).

### Awareness of Role in Promoting Well-being and Health

#### Planned Changes to Improve Well-being and Health

In terms of planned changes, urban and rural respondents show little variation in the relative frequency that determinants are mentioned. The most frequently mentioned determinants were



personal health practices and social support networks. Urban respondents mentioned education as a planned change significantly more frequently than rural respondents. This corresponds to the significant difference in selection of this determinant as a contributor to well-being and health. Urban respondents mentioned changes relating to child development significantly more often than rural respondents, while rural respondents more often said they did not know what changes they would make.

Table A11: Planned Changes to Improve Well-being and Health  
(Urban/Rural Responses\*)

<i>(Statistically Significant Differences Highlighted)</i>	URBAN	RURAL
Personal Health Practices	36.5	34.3
Social Support Networks	22.3	22.5
<b>Education</b>	<b>17.3</b>	<b>10.4</b>
Coping Skills	15.4	11.5
Employment & Working Conditions	15.4	13.3
<b>Child Development</b>	<b>10.7</b>	<b>4.7</b>
Physical Environments	8.8	7.7
<b>Don't Know</b>	<b>6.2</b>	<b>10.1</b>
Income & Social Status	4.6	4.7
Health Services	1.2	1.5
<b>Other</b>	<b>0.0</b>	<b>0.9</b>

\* Responses are weighted by Place (Urban-Rural).

## ***Involvement in Promoting Well-being and Health***

### **Behaviours Contributing to Well-being and Health**

Behaviours categorized under social support networks and personal health practices top the list of things respondents do to contribute to the well-being and health of their families. At the same time, personal health practices show a significant difference in frequency of responses for urban (57%) and rural (47%) respondents. As well, significantly more urban respondents did not know what they did to contribute to the well-being and health of their families.

Table A12: Behaviours Contributing to Well-being and Health  
(Urban/Rural Responses\*)

<i>(Statistically Significant Differences Highlighted)</i>	URBAN	RURAL
Social Support Networks	60.3	66.6
<b>Personal Health Practices</b>	<b>56.8</b>	<b>46.7</b>
Coping Skills	16.5	14.5
Child Development	13.8	18.3
<b>Don't Know</b>	<b>5.4</b>	<b>2.7</b>
Education	4.3	3.3
Income & Social Status	3.5	4.4
Physical Environments	2.3	3.3
Health Services	2.3	1.5
Biology & Genetic Endowment	0.4	0.3
Employment & Working Conditions	0.0	0.0
<b>Other</b>	<b>0.0</b>	<b>0.0</b>

\* Responses are weighted by Place (Urban-Rural).

## Changes Made to Improve Well-being and Health

While social support networks is a frequently mentioned behaviour (Table A12), most respondents, both urban and rural, cite changes in personal health practices (47%-urban, 42%-rural). There are no significant differences between urban and rural respondents with respect to any of the changes made in the past 12 months.

Table A13: Changes Made to Improve Well-being and Health  
(Urban/Rural Responses\*)

<i>(Statistically Significant Differences Highlighted)</i>	URBAN	RURAL
Personal Health Practices	46.5	42.0
Physical Environments	10.7	8.9
Coping Skills	7.0	7.1
Employment & Working Conditions	5.4	4.4
Education	4.3	3.0
Social Support Networks	3.1	3.6
Other	3.1	2.7
Income & Social Status	2.7	1.2
Child Development	0.4	0.9
Health Services	0.4	1.5
Biology & Genetic Endowment	0.0	0.0
Don't Know	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).

## Behaviours Contributing to Well-being and Health in the Community

When asked about what they do to promote well-being in their communities, the majority of both urban and rural respondents mention social support networks (63%-urban and 70% rural). Physical environments are the next most frequently mentioned factor, but less than one quarter of respondents mention it. There are significant differences between urban and rural responses for both of these determinants—rural respondents are more likely to mention social support networks (70% rural vs. 63% urban), while urban respondents are more likely to mention physical environments (16% rural vs. 23% urban). Significant differences between urban and rural respondent also showed up with respect to community values, although it was mentioned by fewer than 5% of respondents.

Table A14: Behaviours Contributing to Well-being and Health in the Community  
(Urban/Rural Responses\*)

<i>(Statistically Significant Differences Highlighted)</i>	URBAN	RURAL
<b>Social Support Networks</b>	<b>62.6</b>	<b>70.1</b>
<b>Physical Environments</b>	<b>22.7</b>	<b>16.0</b>
Don't Know	10.7	8.3
<b>Community Values</b>	<b>2.3</b>	<b>4.7</b>
Employment & Working Conditions	0.0	0.0
Income & Social Status	0.0	0.0
Other	0.0	0.3

\* Responses are weighted by Place (Urban-Rural).

## CROSS-TABULATION COMPARISONS BY AGE (18-25/26+)

### Awareness of Determinants:

#### Factors Contributing to Well-being and Health

In the age group comparison of responses for what contributes to well-being and health, significant differences are found with respect to social support networks, child development physical environments and how often respondents said they didn't know or understand what contributes to well-being and health. Older respondents mention social support networks (50% vs. 37%) and child development (25% vs. 15%) more often than the younger ones, while significantly more 18-25 year old respondents mention physical environments (9% vs. 5%) or state that they don't know or don't understand what contributes to well being and health (14% vs. 7%). This is the highest percentage of respondents volunteering that they don't know or don't understand what contributes to well-being and health in all of the sub-sample comparisons.

Table A15: Factors Contributing to Well-being and Health  
(Comparison by Age Group\*)

<i>(Statistically Significant Differences Highlighted)</i>	18 -25	26 +
Personal Health Practices	39.8	39.9
<b>Social Support Networks</b>	<b>37.0</b>	<b>49.5</b>
Biology & Genetic Endowment	30.1	27.7
Income & Social Status	18.7	20.2
Coping Skills	17.8	19.9
<b>Child Development</b>	<b>15.4</b>	<b>25.3</b>
<b>Don't Know</b>	<b>14.2</b>	<b>6.6</b>
<b>Physical Environments</b>	<b>9.0</b>	<b>5.0</b>
Employment & Working Conditions	7.8	6.3
Education	5.4	4.4
Health Services	2.1	1.7
Other	0.0	0.1

\* Responses are weighted by Place (Urban-Rural).

#### Barriers to Well-being and Health

For both age groups, income (42%-younger/ 34%-older) and coping skills (29%-younger/36%-older) are the most frequently mentioned barriers. All other barriers are mentioned by fewer than 10% of respondents. The differences in the frequency of responses mentioning these determinants is likely related to the impact they have on respondents, i.e., younger respondents are less likely to be well established financially than those who are older, so they see it as an important barrier. As with contributors to well-being and health, the younger group (16%) volunteered that they did not know or did not understand what are barriers to well-being significantly more often than the older respondents (10%). Health services, though not mentioned by many respondents, are mentioned by significantly more of the older respondents (6% vs. 2%).

Table A16: Barriers to Well-being and Health  
(Comparison by Age Group\*)

<i>(Statistically Significant Differences Highlighted)</i>	18 -25	26 +
<b>Income &amp; Social Status</b>	<b>42.2</b>	<b>33.7</b>
<b>Coping Skills</b>	<b>29.2</b>	<b>36.0</b>
<b>Don't Know</b>	<b>16.0</b>	<b>10.2</b>
Personal Health Practices	9.0	6.9
Social Support Networks	6.3	7.3
Employment & Working Conditions	6.0	4.4
Child Development	3.0	2.4
Physical Environments	2.7	3.2
Biology & Genetic Endowment	1.5	3.1
<b>Health Services</b>	<b>1.5</b>	<b>5.5</b>
Education	0.9	1.6
Other	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).

### Factors Contributing to Well-being and Health in the Community

With respect to what contributes to a healthy community, social support networks and physical environment are the most frequently volunteered responses. Although there is a significant difference between younger respondents (73%) and older respondents (80%), the frequency of responses suggests that both groups recognize the importance of social support networks to community well-being. Again, significantly more 18 to 25 year old respondents (11% vs. 6%) do not know or do not understand what contributes to a community's well-being.

Table A17: Factors Contributing to Well-being and Health in the Community  
(Comparison by Age Group\*)

<i>(Statistically Significant Differences Highlighted)</i>	18 -25	26 +
<b>Social Support Networks</b>	<b>72.6</b>	<b>79.8</b>
Physical Environments	33.7	32.0
<b>Don't Know</b>	<b>11.4</b>	<b>6.0</b>
Health Services	6.6	5.2
Education	5.7	5.0
Income & Social Status	3.3	1.9
Community Values	2.4	2.8
Other	1.8	1.7
Employment & Working Conditions	0.6	0.7

\* Responses are weighted by Place (Urban-Rural).

### Awareness of Role in Promoting Well-being and Health

#### Planned Changes to Improve Well-being and Health

In terms of planned changes, significant differences are found with respect to education, employment and working conditions and child development. More than twice as many younger respondents volunteer that they plan changes in the areas of education and employment than do older respondents. These planned changes correspond to their focus on income as a barrier. Making these changes should reduce the impact of financial constraints in the future. As with all of the other sub-sample comparisons, the most frequently mentioned determinant is personal

health practices. With respect to child development, older respondents mention planned changes that will affect child development significantly more often than younger respondents.

Table A18: Planned Changes to Improve Well-being and Health  
(Comparison by Age Group\*)

<i>(Statistically Significant Differences Highlighted)</i>	18 -25	26 +
Personal Health Practices	34.9	36.4
<b>Education</b>	<b>24.4</b>	<b>10.6</b>
<b>Employment &amp; Working Conditions</b>	<b>23.2</b>	<b>10.8</b>
Social Support Networks	20.8	23.3
Coping Skills	11.7	15.3
Don't Know	7.5	7.4
Physical Environments	7.2	9.0
<b>Child Development</b>	<b>3.3</b>	<b>11.4</b>
Income & Social Status	3.0	5.4
Health Services	0.6	1.6
Other	0.0	0.4

\* Responses are weighted by Place (Urban-Rural).

### ***Involvement in Promoting Well-being and Health***

#### **Behaviours Contributing to Well-being and Health**

There is a significant difference between older (67%) and younger (52%) respondents who cite social support networks as their contribution to the well-being and health of their families, although both groups mention it more frequently than any other determinant. Personal health practices are mentioned almost as frequently as social support by both groups, and no difference exists between the groups. Again, as noted in the sections on planned changes and contributors to well-being and health, there is a significant difference with respect to child development. Those over age 25 mention this determinant more frequently (18%-older vs. 10%-younger). Significantly fewer older respondents rural respondents did not know what they did to contribute to the well-being and health of their families (3% older vs. 10%-younger).

Table A19: Behaviours Contributing to Well-being and Health  
(Comparison by Age Group\*)

<i>(Statistically Significant Differences Highlighted)</i>	18 -25	26 +
<b>Social Support Networks</b>	<b>52.1</b>	<b>66.8</b>
Personal Health Practices	49.4	55.4
Coping Skills	12.7	17.3
<b>Child Development</b>	<b>10.2</b>	<b>17.7</b>
<b>Don't Know</b>	<b>9.3</b>	<b>2.6</b>
Income & Social Status	4.8	3.4
Education	3.6	3.8
Physical Environments	3.3	2.4
Health Services	1.5	2.4
Biology & Genetic Endowment	0.9	0.1
Employment & Working Conditions	0.0	0.0
Other	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).



## Changes Made to Improve Well-being and Health

As with other sub-sample comparisons, the most frequently mentioned changes made by both groups fall into personal health practices (43%-younger, 47%-older). The only significant difference between younger and older respondents with respect to changes made in the past 12 months is in education. This corresponds to their volunteering education as a planned change above (Table A18).

Table A20: Changes Made to Improve Well-being and Health  
(Comparison by Age Group\*)

<i>(Statistically Significant Differences Highlighted)</i>	18 -25	26 +
Personal Health Practices	42.8	46.6
Physical Environments	8.4	11.0
Employment & Working Conditions	6.3	4.6
Coping Skills	6.0	7.5
<b>Education</b>	<b>6.0</b>	<b>3.0</b>
Income & Social Status	2.7	2.2
Other	2.4	3.2
Social Support Networks	2.1	3.8
Health Services	0.3	0.9
Biology & Genetic Endowment	0.0	0.0
Child Development	0.0	0.4
Don't Know	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).

## Behaviours Contributing to Well-being and Health in the Community

While social support networks is the most frequently mentioned type of contribution for both younger and older respondents, significantly fewer younger respondents (50%) mention it compared to older respondents (72%). On the other hand, younger parents are more likely to cite contributions relating to physical environments (26%-younger vs. 18%-older). As also found in the responses to other questions about awareness and involvement, younger respondents (17%) are more likely than older respondents (7%) to volunteer that they don't know or don't understand what they do to contribute to the well-being and health of the community. Significant differences between younger and older respondents also showed up with respect to community values. Only about 2% of younger respondents mentioned it compared to 4% of older respondents.

Table A21: Behaviours Contributing to Well-being and Health in the Community  
(Comparison by Age Group\*)

<i>(Statistically Significant Differences Highlighted)</i>	18 -25	26 +
<b>Social Support Networks</b>	<b>49.7</b>	<b>71.9</b>
<b>Physical Environments</b>	<b>26.2</b>	<b>17.7</b>
<b>Don't Know</b>	<b>16.6</b>	<b>7.1</b>
<b>Community Values</b>	<b>1.5</b>	<b>3.8</b>
Other	0.3	0.0
Employment & Working Conditions	0.0	0.0
Income & Social Status	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).

## CROSS-TABULATION COMPARISONS BY INCOME (<\$35,000/\$35,000+)

### Awareness of Determinants:

#### Factors Contributing to Well-being and Health

The relative frequency with which determinants are mentioned is similar for both income groups. However, significant differences do show up with respect to social support networks (43%-lower income vs. 49% higher income), biology and genetic endowment (25%-lower income vs. 32% higher income), and education (6%-lower income vs. 3% higher income). Significantly more lower income respondents state that they don't know what factors contribute to well-being.

Table A22: Factors Contributing to Well-being and Health  
(Comparison by Income\*)

<i>(Statistically Significant Differences Highlighted)</i>	<\$35,000	\$35,000 +
<b>Social Support Networks</b>	<b>42.6</b>	<b>49.3</b>
Personal Health Practices	38.7	39.7
<b>Biology &amp; Genetic Endowment</b>	<b>24.7</b>	<b>32.0</b>
Child Development	20.4	24.7
Income & Social Status	18.8	22.2
Coping Skills	18.6	19.8
<b>Don't Know</b>	<b>11.9</b>	<b>5.5</b>
Employment & Working Conditions	7.4	6.8
Physical Environments	7.4	5.5
<b>Education</b>	<b>6.1</b>	<b>3.2</b>
Health Services	2.4	1.5
Other	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).

#### Barriers to Well-being and Health

For both income groups, income (45%-lower income/ 26%-higher income) and coping skills (29%-lower income/40%-higher income) are the most frequently mentioned barriers; however, the frequency with which they are mentioned is reversed. All other barriers are mentioned by fewer than 10% of respondents. It is interesting to note, though not mentioned frequently by respondents in either group, significantly more lower income respondents show concern with respect to child development (4%-lower income/ 2%-higher income). Fourteen percent of lower income respondents, compared with 9% of higher income respondents said they did not know or did not understand what are barriers to well-being.

Table A23: Barriers to Well-being and Health  
(Comparison by Income\*)

<i>(Statistically Significant Differences Highlighted)</i>	<\$35,000	\$35,000 +
<b>Income &amp; Social Status</b>	<b>45.2</b>	<b>26.2</b>
<b>Coping Skills</b>	<b>29.0</b>	<b>40.3</b>
<b>Don't Know</b>	<b>13.8</b>	<b>9.4</b>
Personal Health Practices	8.6	6.4
Social Support Networks	6.9	6.6
<b>Health Services</b>	<b>6.1</b>	<b>3.2</b>
Employment & Working Conditions	5.6	4.7
Physical Environments	3.9	1.5
<b>Child Development</b>	<b>3.7</b>	<b>2.3</b>
Biology & Genetic Endowment	3.3	2.3
Education	1.3	1.5
Other	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).

### Factors Contributing to Well-being and Health in the Community

With respect to what contributes to a healthy community, social support networks (72%-lower income/ 84%-higher income) and physical environment (36%-lower income/ 28%-higher income) are most frequently volunteered. Although there are significant differences between lower income respondents and higher income respondents, the frequency of responses suggests that both groups recognize the importance of social support networks and physical environments to community well-being. The frequency of responses relating to health services (5%-lower income/ 8%-higher income) and education (4%-lower income/ 7%-higher income) also show significant differences between the two groups, with higher income respondents mentioning them almost twice as often as lower income respondents. Again, significantly more lower income respondents (10% vs. 5%) do not know or do not understand what contributes to a community's well-being.

Table A24: Factors Contributing to Well-being and Health in the Community  
(Comparison by Income\*)

<i>(Statistically Significant Differences Highlighted)</i>	<\$35,000	\$35,000 +
<b>Social Support Networks</b>	<b>71.6</b>	<b>84.2</b>
<b>Physical Environments</b>	<b>35.9</b>	<b>27.7</b>
<b>Don't Know</b>	<b>10.0</b>	<b>4.5</b>
<b>Health Services</b>	<b>4.5</b>	<b>7.9</b>
<b>Education</b>	<b>3.9</b>	<b>7.0</b>
Income & Social Status	2.4	2.6
Community Values	2.0	3.2
Other	1.9	1.7
Employment & Working Conditions	0.9	0.4

\* Responses are weighted by Place (Urban-Rural).

## ***Awareness of Role in Promoting Well-being and Health***

### **Planned Changes to Improve Well-being and Health**

In terms of planned changes, significant differences are found with respect to personal health practices, social support networks, education and employment and working conditions. More than twice as many lower income respondents volunteer that they plan changes in the areas of education (23%-lower income/ 7%-higher income) and employment (20%-lower income/ 9%-higher income) than do higher income respondents. These planned changes correspond to their previous focus on income as a barrier as well as to younger parents' (who may well constitute a good part of this group) responses to the same question (Table A18). As with all of the other sub-sample comparisons, the most frequently mentioned planned changes correspond to personal health practices. With respect to child development, higher income respondents mention changes that will affect child development (11%) significantly more often than lower income respondents (7%).

Table A25: Planned Changes to Improve Well-being and Health  
(Comparison by Income\*)

<i>(Statistically Significant Differences Highlighted)</i>	<\$35,000	\$35,000 +
<b>Personal Health Practices</b>	<b>31.8</b>	<b>40.9</b>
<b>Education</b>	<b>22.5</b>	<b>7.0</b>
<b>Employment &amp; Working Conditions</b>	<b>19.7</b>	<b>8.5</b>
<b>Social Support Networks</b>	<b>18.8</b>	<b>26.9</b>
Coping Skills	15.6	12.8
Physical Environments	9.5	7.9
Don't Know	7.4	6.6
<b>Child Development</b>	<b>7.1</b>	<b>10.9</b>
Income & Social Support	5.9	3.8
Health Services	1.3	1.3
Other	0.2	0.4

\* Responses are weighted by Place (Urban-Rural).

## ***Involvement in Promoting Well-being and Health***

### **Behaviours Contributing to Well-being and Health**

There is a significant difference between higher income (67%) and lower income (58%) respondents who cite social support networks as their contribution to the well-being and health of their families, although both groups mention it more frequently than any other determinant. Personal health practices are mentioned almost as frequently as social support by both groups, and no difference exists between the groups. Lower income respondents mention income significantly more frequently (5%) as an area in which they contribute to their families' well-being and health than do higher income respondents (2%).

Table A26: Behaviours Contributing to Well-being and Health  
(Comparison by Income\*)

<i>(Statistically Significant Differences Highlighted)</i>	<\$35,000	\$35,000 +
<b>Social Support Networks</b>	<b>57.8</b>	<b>67.2</b>
Personal Health Practices	51.5	56.7
Coping Skills	15.6	16.0
Child Development	13.9	16.6
<b>Don't Know</b>	<b>6.7</b>	<b>2.8</b>
<b>Income &amp; Social Status</b>	<b>5.0</b>	<b>2.3</b>
Education	4.1	3.8
Physical Environments	3.3	2.1
Health Services	2.8	1.5
Employment & Working Conditions	0.0	0.0
Biology & Genetic Endowment	0.0	0.0
Other	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).

### Changes Made to Improve Well-being and Health

Significant differences with respect to changes made in the past 12 months are found in the areas of coping skills, employment and working conditions, education and income and social status. Coping skills are mentioned almost five times more frequently by low income respondents as an area of change in the past 12 months (11%-lower income/ 2%-higher income). Similarly, education is mentioned by six times more low income respondents (6%-lower income/ 1%-higher income), and employment by more than twice as many lower income respondents (7%-lower income/ 3%-higher income). Income is another area of change that lower income respondents mention more frequently than higher income respondents (4%-lower income/ 1%-higher income). While personal health practice changes are mentioned most frequently by both groups, the significant differences found between the groups with respect to coping skills, education, employment and income suggest that this lower income group recognizes what can be done to improve their socio-economic status and thus improve their well-being and health.

Table A27: Changes Made to Improve Well-being and Health  
(Comparison by Income\*)

<i>(Statistically Significant Differences Highlighted)</i>	<\$35,000	\$35,000 +
Personal Health Practices	46.7	44.3
<b>Coping Skills</b>	<b>11.3</b>	<b>2.3</b>
Physical Environments	8.9	12.2
<b>Employment &amp; Working Conditions</b>	<b>6.9</b>	<b>3.0</b>
<b>Education</b>	<b>6.1</b>	<b>0.9</b>
Social Support Networks	3.9	2.3
<b>Income &amp; Social Status</b>	<b>3.7</b>	<b>1.1</b>
Other	2.2	3.4
Child Development	0.9	0.2
Health Services	0.9	0.6
Biology & Genetic Endowment	0.0	0.0
Don't Know	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).



### Behaviours Contributing to Well-being and Health in the Community

While the differences are significant, when asked about what they do to promote well-being in their communities social support networks and physical environments are most frequently mentioned. The majority of respondents in both groups mention social support networks (60%-lower income and 71% higher income), while less than one quarter mention physical environments (24%-lower income and 17% higher income). The relative frequencies of these responses corresponds to those given when asked about what contributes to a healthy community.

Table A28: Behaviours Contributing to Well-being and Health in the Community  
(Comparison by Income\*)

<i>(Statistically Significant Differences Highlighted)</i>	<\$35,000	\$35,000 +
<b>Social Support Networks</b>	<b>60.4</b>	<b>70.6</b>
<b>Physical Environments</b>	<b>24.2</b>	<b>17.1</b>
Don't Know	11.3	8.3
Community Values	3.9	2.3
Other	0.2	0.0
Employment & Working Conditions	0.0	0.0
Income & Social Status	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).

## CROSS-TABULATION COMPARISONS BY SELF-RATED HEALTH PRACTICES

### *Awareness of Determinants:*

#### Factors Contributing to Well-being and Health

The relative frequency with which determinants are mentioned is similar for both groups. However, significant differences do show up with respect to social support networks (36%-unhealthy vs. 48%-healthy), personal health practices (32%-unhealthy vs. 41%-healthy), income and social status (26%-unhealthy vs. 18%-healthy), and physical environments (3%-unhealthy vs. 7%-healthy). Significantly more respondents with unhealthy habits and lifestyle state that they don't know what factors contribute to well-being (15%-unhealthy vs. 8% healthy).

Table A29: Factors Contributing to Well-being and Health  
(Comparison by Self-rated Health Practices\*)

<i>(Statistically Significant Differences Highlighted)</i>	Unhealthy	Healthy
<b>Social Support Networks</b>	<b>34.5</b>	<b>48.0</b>
<b>Personal Health Practices</b>	<b>32.2</b>	<b>41.2</b>
Biology & Genetic Endowment	30.5	27.9
<b>Income &amp; Social Status</b>	<b>26.0</b>	<b>18.3</b>
Child Development	20.3	22.7
Coping Skills	14.7	20.1
<b>Don't Know</b>	<b>14.7</b>	<b>7.6</b>
Employment & Working Conditions	7.9	6.5
Education	4.4	5.7
<b>Physical Environments</b>	<b>2.8</b>	<b>7.2</b>
Health Services	1.7	1.9
Other	0.0	0.1

\* Responses are weighted by Place (Urban-Rural).

#### Barriers to Well-being and Health

For both health status groups, coping skills and income are the most frequently mentioned barriers. It is interesting to note, though not mentioned frequently by respondents in either group, significantly more respondents with healthy habits and lifestyle show concern with respect to health services (2%-unhealthy/ 5%-healthy).

Table A30: Barriers to Well-being and Health  
(Comparison by Self-rated Health Practices\*)

<i>(Statistically Significant Differences Highlighted)</i>	Unhealthy	Healthy
Coping Skills	36.7	33.3
Income & Social Status	36.2	36.4
Don't Know	11.3	12.3
Social Support Networks	10.2	6.3
Personal Health Practices	10.2	7.0
Employment & Working Conditions	5.7	4.8
Biology & Genetic Endowment	2.8	2.5
Child Development	2.3	2.7
<b>Health Services</b>	<b>1.7</b>	<b>5.1</b>
Physical Environments	1.1	3.4
Education	0.0	1.7
Other	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).

### Factors Contributing to Well-being and Health in the Community

With respect to what contributes to a healthy community, there are no significant differences between the two health status groups. As with the general sample, social support networks and physical environments are the most frequently mentioned factors that contribute to community well-being and health.

Table A31: Factors Contributing to Well-being and Health in the Community  
(Comparison by Self-rated Health Practices\*)

<i>(Statistically Significant Differences Highlighted)</i>	Unhealthy	Healthy
Social Support Networks	76.8	77.7
Physical Environments	34.5	32.2
Don't Know	9.0	7.4
Health Services	5.1	5.6
Education	4.5	5.3
Income & Social Status	4.0	2.0
Employment & Working Conditions	1.1	0.6
Community Values	1.1	3.0
Other	0.6	2.0

\* Responses are weighted by Place (Urban-Rural).

### Awareness of Role in Promoting Well-being and Health

#### Planned Changes to Improve Well-being and Health

In terms of planned changes, significant differences are found in the number of responses relating to social support networks (16%-unhealthy vs. 24%-healthy) and physical environments (15%-unhealthy vs. 7%-healthy).

Table A32: Planned Changes to Improve Well-being and Health  
(Comparison by Self-rated Health Practices\*)

<i>(Statistically Significant Differences Highlighted)</i>	Unhealthy	Healthy
Personal Health Practices	34.0	36.2
Education	19.2	14.5
Employment & Working Conditions	18.6	13.9
<b>Social Support Networks</b>	<b>15.8</b>	<b>23.6</b>
<b>Physical Environments</b>	<b>14.7</b>	<b>7.3</b>
Coping Skills	13.6	14.2
Don't Know	10.7	6.7
Child Development	5.1	9.5
Income & Social Status	3.4	4.9
Other	0.00	0.3
Health Services	0.00	1.6

\* Responses are weighted by Place (Urban-Rural).

### ***Involvement in Promoting Well-being and Health***

#### **Behaviours Contributing to Well-being and Health**

Respondents reporting both healthy and unhealthy lifestyles show few differences with respect to what they do to contribute to their families' well-being and health. Significant differences are found with respect to child development. Almost twice as many respondents who report healthy habits and lifestyle mention factors relating to child development (9%-unhealthy vs. 17% healthy). Significantly more respondents who report unhealthy habits and lifestyle say they don't know what they do to contribute to the well-being and health of their families (9%-unhealthy vs. 4% healthy).

Table A33: Behaviours Contributing to Well-being and Health  
(Comparison by Self-rated Health Practices\*)

<i>(Statistically Significant Differences Highlighted)</i>	Unhealthy	Healthy
Social Support Networks	58.8	63.1
Personal Health Practices	49.2	54.6
Coping Skills	11.3	16.8
<b>Child Development</b>	<b>8.5</b>	<b>16.6</b>
<b>Don't Know</b>	<b>8.5</b>	<b>3.8</b>
Education	4.0	4.0
Income & Social Status	4.0	3.6
Health Services	3.4	1.9
Physical Environments	1.7	2.8
Employment & Working Conditions	0.0	0.0
Other	0.0	0.0
Biology & Genetic Endowment	0.0	0.4

\* Responses are weighted by Place (Urban-Rural).

## Changes Made to Improve Well-being and Health

Members of both health status groups report areas of change with similar frequency. The only significant difference in changes made to improve well-being and health between the two health status groups is found in the "Other" category.

Table A34: Changes Made to Improve Well-being and Health  
(Comparison by Self-rated Health Practices\*)

<i>(Statistically Significant Differences Highlighted)</i>	Unhealthy	Healthy
Personal Health Practices	43.5	45.6
Physical Environments	10.7	10.2
Coping Skills	4.5	7.4
Employment & Working Conditions	4.0	5.3
Education	2.8	4.1
Income & Social Status	2.8	2.2
Social Support Networks	1.1	3.6
Health Services	0.6	0.8
<b>Other</b>	<b>0.0</b>	<b>3.5</b>
Child Development	0.0	0.7
Biology & Genetic Endowment	0.0	0.0
Don't Know	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).

## Behaviours Contributing to Well-being and Health in the Community

No significant differences were found between the health status sub groups in terms of what they do to promote well-being in their communities.

Table A35: Behaviours Contributing to Well-being and Health in the Community  
(Comparison by Self-rated Health Practices\*)

<i>(Statistically Significant Differences Highlighted)</i>	Unhealthy	Healthy
Social Support Networks	61.0	65.9
Physical Environments	16.4	21.4
Don't Know	13.6	9.3
Community Values	4.0	2.9
Other	0.0	0.1
Employment & Working Conditions	0.0	0.0
Income & Social Status	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).



## YOUNG PARENTS AND INFLUENCERS CROSS-TABULATIONS

The following tables provide comparisons between young parents and influencers with respect to their responses to similar questions presented to both samples. Significance values could not be calculated for differences between young parents and influencers because different weights were used for these samples.

### ***Awareness of Determinants:***

#### **Factors Contributing to Well-being and Health**

With respect to awareness or lack of awareness of determinants of health, both young parents and influencers most frequently cited social support networks as a contributing factor. While the young parents more frequently cited factors relating to personal health practices, biology and genetic endowment, and physical environments, influencers more frequently cited child development, income and social status and coping skills. Almost 3 times as many young parents did not know what contributes to well-being and health (9%-young parents, 3%-influencers).

Table A36: Factors Contributing to Well-being and Health  
(Young parents/ Influencers Responses\*)

	Young Parents	Influencers
Social Support Networks	45.8	55.8
Personal Health Practices	39.7	21.2
Biology & Genetic Endowment	28.3	20.4
Child Development	22.1	31.0
Income & Social Status	19.6	33.2
Coping Skills	19.2	32.8
Don't Know	8.9	3.1
Employment & Working Conditions	6.8	10.1
Physical Environments	6.5	2.8
Education	4.7	8.8
Health Services	1.8	3.0
Other	0.1	0.0

\* Responses are weighted by Place (Urban-Rural).

#### **Barriers to Well-being and Health**

Regarding barriers to personal and family well-being and health, income and social status are most frequently cited (36%-Young Parents, 53%-Influencers). In almost all health determinants, influencers more frequently cited barriers to well-being and health. Influencers' responses were significantly higher in the determinant areas of child development (3%-Young Parents, 15%-Influencers) and education (1%-Young Parents, 10%-Influencers). Twice as many young parents were unable to define barriers to well-being and health (12%-Young Parents, 6%-Influencers).

Table A37: Barriers to Well-being and Health  
(Young Parents/Influencers Responses\*)

	Young Parents	Influencers
Income & Social Status	36.3	52.5
Coping Skills	33.8	48.3
Don't Know	12.0	5.5
Personal Health Practices	7.6	15.3
Social Support Networks	6.8	20.9
Employment & Working Conditions	4.9	5.3
Health Services	4.4	3.9
Physical Environments	3.0	0.6
Biology & Genetic Endowment	2.7	0.0
Child Development	2.6	15.0
Education	1.3	10.0
Other	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).

### ***Involvement in Promoting Well-being and Health in the Community***

#### **Factors Contributing to Well-being and Health in the Community**

When asked what contributes to a healthy community, both young parents and influencers most frequently cited social networks (76%- Young Parents, 80%-Influencers). While influencers' response rate is higher in all determinant areas, the largest differences occur in education , income and social status, and employment ant working conditions, where frequency of responses is more than double for influencers. While 8% of young parents did not know what contributes to a healthy community, all influencers were able to identify at least one contributing factor.

Table A38: Factors Contributing to Well-being and Health in the Community  
(Young Parents / Influencers\*)

	Young Parents	Influencers
Social Support Networks	77.5	79.8
Physical Environments	32.7	48.7
Don't Know	7.6	0.0
Health Services	5.6	9.4
Education	5.2	11.1
Community Values	2.7	3.3
Income & Social Status	2.2	5.1
Other	1.7	0.0
Employment & Working Conditions	0.6	2.8

\* Responses are weighted by Place (Urban-Rural).

### Behaviours Contributing to Well-being and Health in the Community

**Table A39: Behaviours Contributing to Well-being and Health in the Community  
(Young Parents/Influencers\*)**

	Young Parents	Influencers
Social Support Networks	64.9	76.5
Physical Environments	20.6	21.9
Don't Know	10.0	2.9
Community Values	3.0	7.6
Other	0.1	0.0
Employment & Working Conditions	0.0	0.0
Income & Social Status	0.0	0.0

\* Responses are weighted by Place (Urban-Rural).

When asked what they do to promote well-being and health, responses relate to social support networks, physical environments and community values. The most frequently cited determinant is social support networks (70%- Young Parents, 77%-Influencers), followed by physical environments (21%- Young Parents, 22%-Influencers) and community values (3%-Young Parents, 8%-Influencers). More than three times as many young parents (10%-Young Parents, 3% Influencers) did not know what they do to promote well-being and health.

**APPENDIX B**

**Survey Instruments**

**Young Parents and Influencers – Baseline**

**Young Parents – In-depth**

**"YOU'RE AMAZING" BASELINE SURVEY - YOUNG PARENTS**

Hello, my name is . I am calling on behalf of the Population Research Laboratory at the University of Alberta.

MAY I PLEASE SPEAK TO THE HEAD OF THE HOUSEHOLD?

Your telephone number was selected at random by computer. I have dialled 403-XXX-XXXX. Is this correct?

May I have a moment of your time to explain why I'm calling.

We are conducting this survey to find out what Albertans' think and do about their own well-being and health.

(IF ASKED, THIS SURVEY IS BEING CONDUCTED FOR ALBERTA HEALTH AND PARTNERS FOR HEALTH PROMOTION)

First, we would like to obtain some general information about you and the members of your household.

**A. HOUSEHOLD RECORD VARIABLES**

**A1. Since one part of this survey is targeted toward a certain age group, we would like to ask you your age. How old are you?**

**A2. What is your current marital status?**

- 1 never married (single)
- 2 married and living with spouse
- 3 common-law relationship
- 4 living with a partner
- 5 divorced
- 6 separated
- 7 widowed

**A3. How old is your partner?**

**A4. Are you the parent or guardian of any children under 18 who are living in this residence?**

- 1 Yes
- 2 No

(IF EITHER RESPONDENT, SPOUSE OR PARTNER IS 18 TO 30 YEARS OF AGE, AND THERE IS AT LEAST ONE CHILD LIVING IN THE HOME, CONTINUE WITH THE TARGET AUDIENCE SURVEY. IF NOT, CONTINUE TO ASK THE FOLLOWING QUESTIONS.)

(IF RESPONDENT DOESN'T QUALIFY, SKIP TO "AUD2" SECONDARY AUDIENCE.)

I would like to interview you. I hope that now is a good time for you. Your opinions are very important so that health promotion planners in Alberta can make good decisions based on your views. This survey will last about 20 minutes. Could we begin now?

Before we start I'd like to assure you that your participation is voluntary and that any information you provide will be kept confidential and anonymous. If there are questions that you do not wish to answer, let me know, and I'll go on to the next question. You, of course, have the right to end the interview at any time. It is important that your answers not be assisted by any other person. Do you want to go to another room for the interview?

(OPTIONAL READ FOR RELUCTANT PARTICIPANTS: All the information you provide will be coded for computer analysis. Our findings will always be presented in group form. Your name and phone number will not appear anywhere in the data



collected and only research personnel will have access to your phone number. If you have any questions about the survey, you can call (collect) to the Study Supervisor (in Edmonton) at 492-2505, between 9:00 a.m. and 9:30 p.m., for further information.)

**A5. Record sex of respondent**

- 1 Male
- 2 Female

**B. EMPLOYMENT**

**B1. Are you now employed? That is, do you do any work for which you receive a wage or money for services?**

- 1 Yes
- 2 No

**B2. In the past 12 months, how many months have you been/were you employed?**

\_\_\_\_\_ months

**B3. Do you work as often as you want to?**

- 1 Yes
- 2 No
- 3 Choose not to work outside the home.
- 4 Don't Know (VOLUNTEERED)

**B4. Are you currently attending a school, college or university?**

- 1 Yes
- 2 No

**H. JOB**

On a scale of 1 to 5, where ONE means STRONGLY AGREE and FIVE means STRONGLY DISAGREE, please tell me whether you agree or disagree with the following statement:

**H1. Your job security is good.**

**H5. How satisfied are you with your job? (READ LIST MARK ONE ONLY.)**

- 1 very satisfied
- 2 somewhat satisfied
- 3 not too satisfied
- 4 not at all satisfied
- 5 don't know

**D. CHANGES**

The next few items are about changes you have made or plan to make in your habits or lifestyle.

**D1. In the past 12 months, have you made any changes in your habits or lifestyle to improve your well-being or health?**

- 1 Yes
- 2 No

**D2. What changes have you made? (DO NOT READ LIST; ACCEPT UP TO FOUR ANSWERS)**

- 1 quit/reduced smoking
- 2 reduced/quit alcohol consumption
- 3 improved diet
- 4 increased physical activity
- 5 received medical treatment
- 6 took educational upgrading (any educational courses)
- 7 went for personal counselling (emotional/psychological)
- 8 got family counselling
- 9 managed/reduced stress
- 10 spend more time with family
- 11 quit job to stay at home
- 12 changed family status (got married/separated/got divorced)
- 13 improved family organization
- 14 moved
- 15 changed jobs
- 16 increased participation in religious activities
- 17 increased participation in community
- 18 other (specify) \_\_\_\_\_
- 19 No response/Exit

**E. FAMILY WELL-BEING**

Now I want to ask you some questions about what you thing is important for your family's well-being and health.

**E1. The well-being and health of a family is very complex. Considering all parts of your life, what contributes to your family's well-being & health? (DO NOT READ LIST; ACCEPT UP TO FOUR ANSWERS)**

- 1 love among family members
- 2 good job
- 3 financial security
- 4 good physical health
- 5 positive attitude
- 6 good coping skills/mental health
- 7 good nutrition
- 8 support from spouse
- 9 secure, stable home life
- 10 time with family
- 11 family organization (discipline and structure)
- 12 good communication
- 13 good education
- 14 supportive relationships with friends/family
- 15 spirituality
- 16 participation in religious activities
- 17 participation in community/school activities
- 18 other (specify) \_\_\_\_\_
- 19 don't know/don't understand question
- 20 no response/exit

**E4. Considering all parts of your life what are the barriers to YOUR FAMILY'S well-being & health? (DO NOT READ LIST; ACCEPT UP TO FOUR ANSWERS)**

- 1 financial problems
- 2 lack of stability
- 3 not satisfied with work/job
- 4 lack of time
- 5 too many things to do
- 6 stress
- 7 lack of sleep
- 8 poor communication (arguing, fight between parents and children)
- 9 lack of support from friends/family
- 10 change in marital status
- 11 emotional abuse
- 12 physical abuse
- 13 lack of education
- 14 lack of discipline and structure in the family
- 15 lack of exercise
- 16 poor nutrition/diet
- 17 lack of access to medical or social care facilities
- 18 other (specify)\_\_\_\_\_
- 19 don't know/don't understand question
- 20 no response/exit

**E3. What do you or your family do to promote the well-being and health of your family? (DO NOT READ LIST; ACCEPT UP TO FOUR ANSWERS)**

- 1 give positive reinforcement and support to each other
- 2 spend time with the family
- 3 keep a positive attitude
- 4 provide a secure, stable home life
- 5 try to live within our means
- 6 eat a healthy diet
- 7 get enough sleep
- 8 get regular exercise
- 9 maintain discipline and structure in the family
- 10 went for/am getting personal counselling (emotional/psychological)
- 11 went for/are getting family counselling
- 12 at least one parent not working outside the home
- 13 open communication with family (husband and children)
- 14 take courses (personal development, educational upgrading)
- 15 keep in touch with friends/family
- 16 participate in religious activities
- 17 participate in community/school activities
- 18 other (specify)\_\_\_\_\_
- 19 don't know/don't understand question
- 20 no response/exit

**E7. In the future, what do you plan to do to improve your well-being and health and the well-being and health of your family?**

(DO NOT READ LIST: ACCEPT UP TO FOUR RESPONSES.)

- 1 quit/reduce smoking
- 2 reduce/quit alcohol consumption
- 3 improve diet
- 4 increase physical activity
- 5 receive medical treatment
- 6 take courses (personal development, educational upgrading)
- 7 improve relationships with family/friends
- 8 get family counselling
- 9 manage/reduced stress
- 10 spend more time with family
- 11 quit job to stay at home
- 12 change family status (get married/separate/get divorced)
- 13 improve family organization (discipline/structure)
- 14 move
- 15 change jobs
- 16 increase participation in religious activities
- 17 increase participation in community
- 18 other (specify) \_\_\_\_\_
- 19 don't know/don't understand question
- 20 no response/exit

**F. COMMUNITY**

Now a few questions about your involvement in your community.

**F2. In the past 12 months, how often have you participated in community activities or meetings? (Examples: Community or school events, organizational meetings such as PTA, Community League, volunteer boards, etc.) (Do NOT include church or religious services or meetings)**  
(READ LIST, MARK ONE ONLY)

- 1 at least once a week
- 2 at least once a month
- 3 at least 3 or 4 times a year
- 4 at least once a year
- 5 not at all

**F3. Other than on special occasions (such as weddings, funerals, or baptisms), how often did you attend religious services or religious meetings in the past 12 months? (READ LIST, MARK ONE ONLY)**

- 1 at least once a week
- 2 at least once a month
- 3 at least 3 or 4 times a year
- 4 at least once a year
- 5 not at all

Now, I would like to ask you a couple of questions about what you think is important for a healthy community.

**F5. What contributes the most to a healthy community? (DO NOT READ. SELECT UP TO FOUR)**

- 1 safety
- 2 low crime rate
- 3 clean air/clean water
- 4 neighbours who help each other
- 5 friendly neighbours
- 6 parks and other recreational facilities
- 7 recreational opportunities for all ages
- 8 accessible support programs (parent & tot, etc.)
- 9 good schools
- 10 money
- 11 people who are involved in the community
- 12 family involvement
- 13 community and church groups that address community needs
- 14 participation in religious activities
- 15 participation in community activities
- 16 health facilities that are easily accessible
- 17 other (specify) \_\_\_\_\_
- 18 don't know/don't understand question
- 19 no response/exit

**F7. What do you or your family do to promote the health of your community? (DO NOT READ. SELECT UP TO FOUR)**

- 1 volunteer in community/school activities
- 2 participate in community/school activities
- 3 help out neighbours
- 4 watch neighbour's house when they are away
- 5 recycle
- 6 pick up litter
- 7 politically active to promote change
- 8 other (specify) \_\_\_\_\_
- 9 don't know/don't understand question
- 10 no response/exit

On a scale of one to five, where ONE is STRONGLY AGREE and FIVE is STRONGLY DISAGREE, please tell me how much you agree or disagree with the following statements.

**F8. You can influence decisions that affect your community.**

**F9. What happens in your community affects your family's well-being and health.**

**F10. You feel "connected" to your community.**

**F11. You feel safe in your community.**

#### **G. PERCEIVED STRESS**

The next part of the questionnaire deals with different kinds of stress. I'll start by describing situations that sometimes come up in peoples lives. As there are no right answers, the idea is to choose the answer best suited to your personal situation.



I'd like you to tell me whether these things are true or false for you at this time.

- G1. You are trying to take on too many things at once.
- G2. Too much is expected of you by others.
- G3. You don't have enough money to buy the things you need.
- G6. Your partner is not committed enough to your relationship.
- G7. You feel at risk of physical harm or abuse from your partner or spouse.
- G9. A child's behaviour is a source of serious concern to you.  
(One of your own children.)
- G10. Someone in your family has an alcohol or drug problem. (immediate family)
- G11. Your work around the home is not appreciated by your family.

I. SUPPORT SELF-ESTEEM, SENSE OF COHERENCE

Now a few questions about your support from family and friends.

- I1. Do you have someone you can confide in, or talk to about your private feelings or concerns?
  - 1 Yes
  - 2 No
- I2. Do you have someone you can really count on to help you out in a crisis situation?
  - 1 Yes
  - 2 No

(Interviewer note change of scale to 1 to 7 for this question only)  
For the next question, please respond using a scale from one to seven, where "1" MEANS VERY OFTEN AND "7" MEANS VERY SELDOM OR NEVER.

- I5. How often do you have the feeling that there is little meaning in the things you do in your daily life?

Now I am going to read you a series of statements that people might use to describe themselves. On a scale of 1 to 5, where ONE means STRONGLY AGREE and FIVE means STRONGLY DISAGREE, please tell me whether you agree or disagree with the following statements:

- I8. You feel that you're a person of worth at least equal to others.
- I9. You are able to do things as well as most other people.
- I11. You have little control over the things that happen to you.
- I13. What happens to you in the future mostly depends on you.

## J. FAMILY

Now I will read you a list of general statements about your family relationships. On a scale of 1 to 5, where **ONE** means **STRONGLY AGREE** and **FIVE** means **STRONGLY DISAGREE**, please tell me whether you agree or disagree with the following statement:

- J3. It is difficult to balance working and parenting.
- J4. It is difficult to find time for yourself.
- J5. It is difficult to find enough time for household and parenting responsibilities.
- J6. In your family, you share household and parenting responsibilities.
- J7. In your family, you have established routines for carrying out daily household and parenting activities. (e.g., cooking meals, housekeeping, bathing children, bedtime, etc.)
- J9. In your family, you seek help and encouragement from friends, relatives, or neighbours.
- J12. How often do you spend time **ALONE** with your spouse/partner (aside from sleeping). (READ)
- 1 every day
  - 2 a few times a week
  - 3 about once a week or less
  - 4 about once a month or less
  - 5 never
  - 6 don't know
- J13. How often do you spend time without your family pursuing your own interests? (include any activities that are self-focused, quiet time, reading, sports, exercise, etc. DO NOT INCLUDE time spent alone at work or doing household related chores)
- 1 every day
  - 2 a few times a week
  - 3 about once a week or less
  - 4 about once a month or less
  - 5 never
  - 6 don't know

## K. PUBLIC PERCEPTIONS OF THE DETERMINANTS HEALTH

The next few items are about what you think is important for well-being and health.

On a scale of one to five, where **ONE** MEANS **NOT AT ALL IMPORTANT** and **FIVE** MEANS **VERY IMPORTANT**, please tell me how important each of the following is to your personal health.

- K1. A smoke-free environment

Ask questions K2 and K3 of respondents who are employed either full-time or part-time.

- K2. Physical environment in the workplace (For example, windows, clean space, good lighting, etc.)
- K3. Your relations with co-workers and managers
- K4. Environmental conditions in your neighbourhood
- K5. The amount of money you have available for the things you need.
- K6. Recreation and leisure time.
- K7. Regular physical activity such as exercise, sports or games
- K8. Participation in social and cultural activities
- K9. The physical and mental characteristics you inherit from your parents.
- K10. Your life experiences as a child.
- K11. Adequate rest and sleep
- K13. Control of stress
- K14. The health services you receive.

Some people believe other things may also affect their personal health. On a scale of one to five, where **ONE MEANS NOT AT ALL IMPORTANT** and **FIVE MEANS VERY IMPORTANT**, please tell me how important each of the following is to whether you are personally healthy.

- K15. Chance or luck
- K16. Your own feelings about yourself and life
- K17. Love and support of family and friends.
- K17a. Receiving positive feedback.
- K18. God or a spiritual power or force.
- K19. The feelings of others towards you.
- K20. Whether you feel you have lived a moral and decent life.

#### L. OTHER DETERMINANTS OF HEALTH

In the previous sections, the items focused on your **PERSONAL** well-being and health. Now I am going to read you a series of statements about **GENERAL WELL-BEING AND HEALTH**.

On a scale of 1 to 5, where **ONE** means **STRONGLY AGREE** and **FIVE** means **STRONGLY DISAGREE**, please tell me to what extent you agree or disagree with the following statements about general well-being and health.

- L1. Health education is primarily the responsibility of the family.

- L2. Communities that provide supports for families promote the well-being and health of children.
- L3. What happens to a person's health depends mainly on him or her. (how they take care of themselves)
- L8. The government has a responsibility to provide resources for promoting the well-being and health of young families.

Now, on a scale of one to five, where one means **NO EFFECT** and five means **BIG EFFECT**, I would like you to tell me how much of an effect you think each of the following has on well-being and health in general.

- L9. Unemployment (Not having a job)
- L10. Income
- L11. Housing
- L13. Education
- L14. Emotional stress
- L16. Crime
- L17. Child neglect & abuse
- L18. Spousal abuse
- L19. Immunization of children for preventable diseases.
- L20. Regular dental check-ups.
- L21. Regular medical check-ups.
- L22. Injuries in the home
- L23. Participation in voluntary organizations, such as school groups, church groups, community or ethnic associations.
- L25. Social service programs and agencies that are easily accessible.

#### M. INFORMATION SOURCES

Now I'd like to ask you about your sources of information on well-being and health.

- M2. There are many sources that you can refer to if you are looking for general information on the well-being and health of your family. Thinking about the different sources you use, where do you get most of your general information on improving well-being and health?**  
(DO NOT READ LIST; ACCEPT UP TO FOUR ANSWERS)

- 1 television
- 2 radio
- 3 newspaper
- 4 magazines
- 5 brochures
- 6 library/books
- 7 word-of-mouth
- 8 family members
- 9 friends
- 10 family doctor
- 11 nurses
- 12 hospital
- 13 other health professionals
- 14 medical clinic (e.g. medicentre)
- 15 government
- 16 public health clinic or centre
- 17 Internet
- 18 other (specify) \_\_\_\_\_
- 19 no response/exit

- M3. Generally speaking, in the past 12 months, how often would you say that you looked for information about the well-being and health of your family? Was it: (READ LIST; ACCEPT ONE ANSWER ONLY)**

- 1 never
- 2 one to five times
- 3 6 to 12 times
- 4 more than once a month
- 5 more than every week
- 6 don't know

- M4. What topics on well-being and health are of most interest to you?**

Besides your friends and family, did any of the following help with challenges in your life during the past 12 months?

- M5. Community or social service professionals?**
- M6. Health professionals?**
- M7. Religious or spiritual leaders?**
- M9. Support groups (parenting support, moms and tots, etc.)**



### C. WELL-BEING AND HEALTH

The next few questions ask about your well-being and health.

**C3. In general, how would you describe your current habits and lifestyle?  
Would you say they are: (READ)**

- 1 very healthy
- 2 healthy
- 3 somewhat unhealthy
- 4 very unhealthy
- 5 don't know (volunteered)

**C4. In general, compared with other people your age, would you say your  
physical health is: (READ)**

- 1 excellent
- 2 very good
- 3 good
- 4 fair
- 5 poor

**C5. How would you rate your overall mental health or emotional well being  
(emotional health)?**

- 1 excellent
- 2 very good
- 3 good
- 4 fair
- 5 poor
- 6 don't know (volunteered)

### N. HEALTH STATUS AND BEHAVIOURS

The following questions refer to long-term physical or mental health problems for you and your family.

**N1. Are you, or is any member of your immediate family, limited in the kind  
or amount of activity that you can do because of a long-term physical  
condition, mental condition, or health problem?**

- 1 Yes (Go to N2)
- 2 No (Go to N3)

**N2. What is it? (RECORD BELOW. NOTE WHICH PERSON.)**

**N3. HEALTHY EATING** means choosing a variety of foods with plenty of whole grains; eating fruit and vegetables; eating lower-fat dairy and meat products; and eating food prepared with little added fat.

I am going to read some statements describing different eating habits. Please select **ONE** that **MOST** closely describes your own eating habits.

- 1 I'm not concerned about my eating habits and don't plan to change right now.
- 2 I have been thinking about changing my eating habits but I just can't get started.
- 3 I have healthy eating habits once in a while, but not regularly.
- 4 I have healthy eating habits, but have just started in the past 6 months.
- 5 I have had healthy eating habits for more than 6 months.
- 6 Don't know (VOLUNTEERED)

**N7. Do you feel that you get as much exercise as you need, or less than you need.**

- 1 As much as needed
- 2 Less than needed
- 3 Don't know

The next questions refer to smoking habits.

**N8. At the present time do you smoke cigarettes, daily, occasionally or not at all?**

- 1 daily
- 2 occasionally
- 3 not at all

**N9. About how many cigarettes do you smoke each day?**

**N10. Does anyone in your household smoke regularly inside the house?**

- 1 Yes
- 2 No

Now I would like to ask some questions about alcohol consumption.

When we use the word **DRINK** it means: one bottle or can of beer or a glass of draft; one glass of wine or a wine cooler; one shot or mixed drink with one and a half ounces of hard liquor.

**N13. On average, how many drinks per week do you have?**

Number of drinks per week (ENTER NUMBER) \_\_\_\_\_

**N14. How many times in the past 12 months have you had 5 or more drinks on one occasion?**

Number of times (ENTER NUMBER) \_\_\_\_\_

#### W. DEMOGRAPHIC INFORMATION

Now I would like to get some additional background information.

To get a better idea of the structure of young families in Alberta, I would like to ask the ages of all of your children and whether they are now living at home. (Living at home, means main residence. For example, if they live away from home to go to school, this would be their main residence; if parents are separated/divorced, custodial parent's home.)

**How many children to you have?** (Including those who do not live at home)

(INTERVIEWER, DO NOT ENTER THIS NUMBER, USE ONLY FOR GUIDE)

INTERVIEWER: TO ENTER DATA BELOW, SELECT CHILD, enter AGE FIRST, using TWO DIGITS FOLLOWED BY A COMMA AND A SPACE. THEN ENTER "y" for YES (living in this residence) or "n" for NO (not living in this residence. E.G., "03, y" represents a 3 year old child living in the residence. If no age given, enter "99")

Child 1  
Child 2  
Child 3  
Child 4  
Child 5  
Child 6  
Child 7  
Child 8  
No Response  
No other/Exit

#### W. EDUCATION

**W2. How many years of school have you completed? This includes the total of grade school, high school, vocational, technical, and university. (If necessary, ask what grade have you finished?)**

**W3. What is your HIGHEST level of education? (DO NOT READ LIST)**

- 1 No schooling
- 2 ELEMENTARY Incomplete
- 3 ELEMENTARY Complete
- 4 JUNIOR HIGH Incomplete
- 5 JUNIOR HIGH Complete
- 6 HIGH SCHOOL Incomplete
- 7 HIGH SCHOOL Complete
- 8 NON-UNIVERSITY (vocational/technical, nursing schools) Incomplete
- 9 NON-UNIVERSITY (vocational/technical, nursing schools) Complete
- 10 UNIVERSITY Incomplete
- 11 UNIVERSITY Diploma/certificate (dental hygienists)
- 12 UNIVERSITY Bachelor's degree
- 13 UNIVERSITY Professional degree (vets, drs, dentists, lawyers)
- 14 UNIVERSITY Master's degree
- 15 UNIVERSITY Doctorate

**W4. How many years of schooling has your spouse/partner completed?**

\_\_\_\_\_ years

**W5. What is the HIGHEST level of education your spouse has completed?**  
(DO NOT READ LIST)

- 1 No schooling
- 2 ELEMENTARY Incomplete
- 3 ELEMENTARY Complete
- 4 JUNIOR HIGH Incomplete
- 5 JUNIOR HIGH Complete
- 6 HIGH SCHOOL Incomplete
- 7 HIGH SCHOOL Complete
- 8 NON-UNIVERSITY(vocational/technical, nursing schools) Incomplete
- 9 NON-UNIVERSITY (vocational/technical, nursing schools) Complete
- 10 UNIVERSITY Incomplete
- 11 UNIVERSITY Diploma/certificate (dental hygienists)
- 12 UNIVERSITY Bachelor's degree
- 13 UNIVERSITY Professional degree (vets, drs, dentists, lawyers)
- 14 UNIVERSITY Master's degree
- 15 UNIVERSITY Doctorate

**W8. Were you born in Canada?**

- 1 Yes
- 2 No

**W9. Did you immigrate within the last ten years or before that?**

- 1 last ten years
- 2 before

**FINANCIAL**

**W10. I will list some income categories. Please stop me when I reach the category that corresponds to your total HOUSEHOLD income before taxes and deductions. (Include all sources for all household members)**  
[READ CATEGORIES AND PROMPT "ROUGHLY"]

- 1 under 5,000 dollars
- 2 5,000 to 10,000
- 3 10,000 to 15,000
- 4 15,000 to 20,000
- 5 20,000 to 25,000
- 6 25,000 to 30,000
- 7 30,000 to 35,000
- 8 35,000 to 40,000
- 9 40,000 to 45,000
- 10 45,000 to 50,000
- 11 50,000 to 60,000
- 12 60,000 to 70,000
- 13 70,000 to 80,000
- 14 80,000 to 90,000
- 15 90,000 to 100,000
- 21 over 100,000
- 22 don't know

**X. FINAL APPEAL**

Thank you for taking the time to do this interview. As the study is part of a continuing program to improve the well-being and health of Albertans, we would like to call you back in a few months.

X1. Would you be willing to be interviewed again in about three to six months?

- 1 Yes
- 2 No

X2. Another part of this study is to conduct in-depth interviews with a selected number of respondents. This interview will last 30 to 40 minutes.

Would you be willing to be contacted again to complete this in-depth interview in two or three weeks?

- 1 Yes (go to appointment window)
- 2 No

X3. Would you please give us your name and address so that we can contact you for the next interview.

Name:  
Address:  
Phone number : (area code)

X4. Would you please give us the names of two people who will know your whereabouts in a year should you not be at this address.

CONTACT #1

Name:  
Address:  
Phone number: (Area Code)

CONTACT #2

Name:  
Address:  
Phone number: (area code)

Thank you for your time. We have reached the end of the survey.

Anything about the respondent or the interview situation that seems important for interpreting the information given?



**"YOU'RE AMAZING" BASELINE SURVEY - INFLUENCERS**

**A. HOUSEHOLD RECORD VARIABLES**

**A1. Since one part of this survey is targeted toward a certain age group, we would like to ask you your age. How old are you?**

**A2. What is your current marital status?**

- 1 never married (single)
- 2 married and living with spouse
- 3 common-law relationship
- 4 living with a partner
- 5 divorced
- 6 separated
- 7 widowed

**A3. How old is your partner?**

**A4. Are you the parent or guardian of any children under 18 who are living in this residence?**

- 1 Yes
- 2 No

The focus of this survey is 18 to 30 year old parents.

**P1. Although you are not in this group, do you feel you play an influential role, either through your work, friendships, or family relationships with any parents who are between 18 and 30 years old?**

- 1 Yes (Continue interview)
- 2 No (End of interview)

WE WOULD BE INTERESTED IN GETTING YOUR OPINIONS ON SOME OF THE SAME THINGS WE WILL BE TALKING TO 18 TO 30 YEAR OLD PARENTS ABOUT.

I would like to interview you. I hope that now is a good time. Your opinions are very important so that health promotion planners in Alberta can make good decisions based on your views. This survey will last about 10 minutes. Could we begin now? (INTERVIEWER MAKE A LATER APPOINTMENT IF THE INDIVIDUAL IS ELIGIBLE BUT THIS IS NOT A GOOD TIME.)  
IF NOT A GOOD TIME: Can we make an appointment to do this interview at a time that is convenient for you?)

Before we start, I'd like to assure you that your participation is voluntary and that any information you provide will be kept confidential and anonymous. If there are any questions that you do not wish to answer, please feel free to point these out to me and we'll go on to the next question. Naturally, you have the right to end the interview at any time. Your answers will not be presented individually but only as grouped information.

(Optional Read for reluctant respondents: If you have any questions about the survey, you can call (collect) to the Study Supervisor (in Edmonton) at 492-2505, between 9:00 a.m. and 9:30 p.m., for further information.)

**P2. Record sex of respondent**

- 1 Male
- 2 Female

**Q. RELATIONSHIP TO YOUNG FAMILIES**

**Q1. You said that you play an influential role with parents who are between 18 and 30 years old. What is your extended family relationship, if any, to these parents?**

- |           |                                |
|-----------|--------------------------------|
| 1 Parent  | 6 Grandparent                  |
| 2 Sibling | 7 In-law                       |
| 3 Aunt,   | 8 None/ no family relationship |
| 4 Uncle   | 9 Other (specify)              |
| 5 Cousin  |                                |

**Q2. Do you have a professional or other non-family relationship to parents in this age group?**

- |       |      |
|-------|------|
| 1 Yes | 2 No |
|-------|------|

**Q3. What is this relationship?**

- 1 Friend
- 2 Neighbour
- 3 Priest, minister, rabbi or other religious leader
- 4 Social worker, family counsellor
- 5 Health professional (nurse, physician)
- 6 Mental health professional
- 7 Co-worker
- 8 Employer
- 10 Other (specify)

**Q4. How many parents in this age group do you have regular contact with at least once a month?**

**R. HEALTH ATTITUDES AND COMMUNITY PERCEPTIONS**

**R1. The well-being and health of a family is very complex. Considering all parts of life, what factors contribute the most to a family's well-being & health? (DO NOT READ. ACCEPT UP TO FOUR ANSWERS)**

- 1 love among family members
- 2 good job
- 3 financial security
- 4 good physical health
- 5 positive attitude
- 6 good coping skills/mental health
- 7 good nutrition
- 8 support from spouse
- 9 secure, stable home life
- 10 time with family
- 11 family organization (discipline and structure)
- 12 good communication
- 13 good education
- 14 supportive relationships with friends/family
- 15 spirituality
- 16 participation in religious activities
- 17 participation in community/school activities
- 18 other (specify) \_\_\_\_\_
- 19 don't know/don't understand question
- 20 no response/exit

**R4. What do you think are the principal barriers to well-being and health in young families? (DO NOT READ LIST; ACCEPT UP TO FOUR ANSWERS)**

- 1 financial problems
- 2 lack of stability
- 3 not satisfied with work/job
- 4 lack of time
- 5 too many things to do
- 6 stress
- 7 lack of sleep
- 8 poor communication (arguing, fight between parents and children)
- 9 lack of support from friends/family
- 10 change in marital status
- 11 emotional abuse
- 12 physical abuse
- 13 lack of education
- 14 lack of discipline and structure in the family
- 15 lack of exercise
- 16 poor nutrition/diet
- 17 lack of access to medical or social care facilities
- 18 other (specify)\_\_\_\_\_
- 19 Don't know/Don't understand question
- 20 No response/Exit

**R3. What should a family do to promote well-being and health in their family? (DO NOT READ LIST; ACCEPT UP TO FOUR ANSWERS)**

- 1 give positive reinforcement and support to each other
- 2 spend time with the family
- 3 keep a positive attitude
- 4 provide a secure, stable home life
- 5 try to live within their means
- 6 eat a healthy diet
- 7 get enough sleep
- 8 get regular exercise
- 9 maintain discipline and structure in the family
- 10 get personal counselling (emotional/psychological)
- 11 get family counselling
- 12 at least one parent not working outside the home
- 13 open communication with family (husband and children)
- 14 take courses (personal development, educational upgrading)
- 15 keep in touch with friends/family
- 16 participate in religious activities
- 17 participate in community/school activities
- 18 other (specify)\_\_\_\_\_
- 19 Don't know/Don't understand question
- 20 No response/Exit

**R7. What can others do to contribute to the well-being and health of families? (DO NOT READ LIST: ACCEPT UP TO FOUR RESPONSES.)**

- 1 give positive reinforcement
- 2 provide emotional support and encouragement
- 3 provide material support (clothes, food, etc.)
- 4 provide financial support (money)
- 5 spend time with families
- 6 provide baby-sitting
- 7 take kids out so parents have time
- 8 run errands
- 9 refer to support groups, counselling, etc.
- 10 be a positive example
- 11 keep in touch regularly
- 12 maintain open communication (listen, give advice)
- 13 other (specify) \_\_\_\_\_
- 14 Don't know/Don't understand question
- 15 No response/Exit

**S. DETERMINANTS OF WELL-BEING AND HEALTH**

On a scale of one to five, where **ONE** means **NOT AT ALL IMPORTANT** and **FIVE** means **VERY IMPORTANT**, please tell me how important you think each of the following is to well-being and health.

- S1. A smoke-free environment**
- S2. Physical environment in the workplace (cleanliness, light, space, etc.)**
- S3. Relations with co-workers and managers**
- S4. Environmental conditions in neighbourhoods**
- S5. The amount of money available for the things a person needs.**
- S6. Recreation and leisure time. (Time away from work and household responsibilities)**
- S7. Regular physical activity such as exercise, sports or games**
- S8. Participation in social and cultural activities**
- S9. Physical and mental characteristics inherited from parents.**
- S10. Life experiences as a child.**
- S11. Adequate rest and sleep**
- S12. A good diet**
- S13. Control of stress**
- S14. The health services a person receives.**

Some people believe other things may also affect their personal health. On a scale of one to five, where **ONE** means **NOT AT ALL IMPORTANT** and **FIVE** means **VERY IMPORTANT**, please tell me how important you think each of the following is to whether a person is healthy.

- S15. Chance or luck
- S16. A person's feelings about her/himself and life
- S17. Love and support of family and friends.
- S17a. Receiving positive feedback.
- S18. God or a spiritual power or force.
- S19. The feelings of others towards an individual.
- S20. Whether a person feels s/he has lived a moral and decent life.

#### T. OTHER DETERMINANTS OF HEALTH

Now I am going to read you a series of statements about well-being and health in general. Please tell me if you **STRONGLY AGREE**, **AGREE**, **NEITHER AGREE NOR DISAGREE**, **DISAGREE** or **STRONGLY DISAGREE** with each of the following:

- T1. Health education is primarily the responsibility of the family.
- T2. Communities that provide supports for families promote the well-being and health of children.
- T3. What happens to a person's health depends mainly on her or him.
- T8. The government has a responsibility to provide resources for promoting the well-being and health of young families.

Now, on a scale of one to five, where one means **NO EFFECT** and five means **BIG EFFECT**, I would like you to tell me how much of an effect you think each of the following has on well-being and health in general.

- T9. Unemployment (Not having a job)
- T10. Income
- T11. Housing
- T13. Education
- T14. Emotional stress
- T16. Crime
- T17. Child neglect & abuse
- T18. Spousal abuse
- T19. Immunization of children for preventable diseases.
- T20. Regular dental check-ups.
- T21. Regular medical check-ups.
- T22. Injuries in the home (accidents - NOT physical abuse)



- T23. Participation in voluntary organizations, such as school groups, church groups, community or ethnic associations.
- T25. Social service programs and agencies that are easily accessible.
- T29. Parents spending time alone together.
- T30. Parents taking time for themselves as individuals.

Now a few questions about your involvement in your community.

- U2. In the past 12 months, how often have you participated in community activities or meetings? (Do NOT include church or religious services or meetings) (READ LIST, MARK ONE ONLY)

- 1 at least once a week
- 2 at least once a month
- 3 at least 3 or 4 times a year
- 4 at least once a year
- 5 not at all
- 6 don't know

- U3. Other than on special occasions (such as weddings, funerals, or baptisms), how often did you attend religious services or religious meetings in the past 12 months? (Read list. Mark one only.)

- 1 at least once a week
- 2 at least once a month
- 3 at least 3 or 4 times a year
- 4 at least once a year
- 5 not at all
- 6 don't know

Now I want to ask you some questions about what you think is important for a healthy community.

- U5. What factors contribute the most to a healthy community?  
(DO NOT READ. SELECT UP TO FOUR)

- 1 safety
- 2 low crime rate
- 3 clean air/clean water
- 4 neighbours who help each other
- 5 friendly neighbours
- 6 parks and other recreational facilities
- 7 recreational opportunities for all ages
- 8 accessible support programs (parent & tot, etc.)
- 9 good schools
- 10 money
- 11 people who are involved in the community
- 12 family involvement
- 13 community and church groups that address community needs
- 14 participation in religious activities
- 15 participation in community activities
- 16 health facilities that are easily accessible
- 17 other (specify) \_\_\_\_\_
- 18 no response/exit

**U7. What have you done to promote the health of your community?**  
(DO NOT READ LIST; ACCEPT UP TO FOUR ANSWERS)

- 1 volunteer in community/school activities
- 2 participate in community/school activities
- 3 help out neighbours
- 4 watch neighbour's house when they are away
- 5 recycle
- 6 pick up litter
- 7 politically active to promote change
- 8 other (specify)\_\_\_\_\_
- 9 don't know/don't understand the question
- 10 no response/exit

For this next questions, please tell me if you **STRONGLY AGREE, AGREE, NEITHER AGREE NOR DISAGREE, DISAGREE** or **STRONGLY DISAGREE** with the following:

**U8. I can influence decisions that affect my community.**

**U9. What happens in a community affects a family's well-being and health.**

#### V. INFORMATION SOURCES

Now I'd like to ask you about your sources of information on well-being and health.

**V1. There are many sources that you can refer to if you are looking for general information on well-being and health. Thinking about the different sources you use, where do you get most of your general information on well-being and health?**

(DO NOT READ LIST; ACCEPT UP TO FOUR ANSWERS)

- 1 television
- 2 radio
- 3 newspaper
- 4 magazines
- 5 brochures
- 6 library/books
- 7 word-of-mouth
- 8 family members
- 9 friends
- 10 family doctor
- 11 nurses
- 12 hospital
- 13 other health professionals
- 14 medical clinic (e.g., Medicentre)
- 15 government
- 16 public health clinic or centre
- 17 Internet
- 18 other (specify)\_\_\_\_\_
- 19 No response/EXIT

- V3. Generally speaking, in the past 12 months, how often would you say that you LOOKED FOR INFORMATION on well-being and health? Was it:  
(READ LIST; ACCEPT ONE ANSWER ONLY)
- 1 never
  - 2 one to five times
  - 3 6 to 12 times
  - 4 more than once a month
  - 5 more than every week
  - 6 don't know
- V4. Generally speaking, in the past 12 months, how often would you say that you have been ASKED FOR information or advice about the well-being and health of a young family? Was it:
- 1 never
  - 2 one to five times
  - 3 6 to 12 times
  - 4 more than once a month
  - 5 more than every week
  - 6 don't know
- V5. Generally speaking, in the past 12 months, how often would you say that you have GIVEN Advice or information about well-being and health to a young parent? Was it:
- 1 never
  - 2 one to five times
  - 3 6 to 12 times
  - 4 more than once a month
  - 5 more than every week
  - 6 don't know
- V6. In addition to giving information, in what other ways HAVE YOU HELPED ANY YOUNG FAMILY in the past 12 months?  
(DO NOT READ LIST: ACCEPT UP TO FOUR RESPONSES.)
- 1 gave positive reinforcement
  - 2 provided emotional support and encouragement
  - 3 provided material support (clothes, food, etc.)
  - 4 provided financial support (money)
  - 5 spent time with families
  - 6 provided baby-sitting
  - 7 took kids out so parents had time
  - 8 ran errands
  - 9 referred to support groups, counselling, etc.
  - 10 set a positive example
  - 11 keep in touch regularly
  - 12 maintain open communication (listen, give advice)
  - 13 other (specify) \_\_\_\_\_
  - 14 don't know/don't understand question
  - 15 no response/exit
- V7. How often, during the past year, would you say you provided this help?
- 1 never
  - 2 one to five times
  - 3 6 to 12 times (about once a month)
  - 4 more than once a month
  - 5 more than every week
  - 6 don't know

W. EDUCATION

W6. How many years of schooling have you completed? This includes the total of grade school, high school, vocational, technical, and university.

\_\_\_\_\_ years

W7. How many years of schooling has your spouse/partner completed?

\_\_\_\_\_ years

W8. Were you born in Canada?

- 1 Yes
- 2 No

W9. Did you immigrate within the last ten years or before that?

- 1 last ten years
- 2 before

FINANCIAL

W10. I will list some income categories. Please stop me when I reach the category that corresponds to your total HOUSEHOLD income before taxes and deductions. (Include all sources for all household members)  
[READ CATEGORIES AND PROMPT "ROUGHLY"]

- 1 under 5,000 dollars
- 2 5,000 to 10,000
- 3 10,000 to 15,000
- 4 15,000 to 20,000
- 5 20,000 to 25,000
- 6 25,000 to 30,000
- 7 30,000 to 35,000
- 8 35,000 to 40,000
- 9 40,000 to 45,000
- 10 45,000 to 50,000
- 11 50,000 to 60,000
- 12 60,000 to 70,000
- 13 70,000 to 80,000
- 14 80,000 to 90,000
- 15 90,000 to 100,000
- 21 over 100,000
- 22 Don't Know

X. FINAL APPEAL

Thank you for taking the time to do this interview. As the study is part of a continuing program to improve the well-being and health of Albertans, we would like to call you back in a few months.

X1. Would you be willing to be interviewed again in about three to six months?

- 1 Yes
- 2 No

X3. Would you please give us your name and address so that we can contact you for the next interview.

Name:  
Address:  
Phone number : (area code)

X4. Would you please give us the names of two people who will know your whereabouts in a year should you not be at this address.

CONTACT #1

Name:  
Address:  
Phone number: (Area Code)

CONTACT #2

Name:  
Address:  
Phone number: (area code)

Thank you for your time. We have reached the end of the survey.

Anything about the respondent or the interview situation that seems important for interpreting the information given?



X. FINAL APPEAL

THANK YOU FOR TAKING THE TIME TO DO THIS INTERVIEW. AS THE STUDY IS PART OF A CONTINUING PROGRAM TO IMPROVE THE WELL-BEING AND HEALTH OF ALBERTANS, WE WOULD LIKE TO CALL YOU BACK IN A FEW MONTHS.

X1. Would you be willing to be interviewed again in about three to six months?

- 1 Yes
- 2 No

X3. WOULD YOU PLEASE GIVE US YOUR NAME AND ADDRESS SO THAT WE CAN CONTACT YOU FOR THE NEXT INTERVIEW.

Name:  
Address:  
Phone number : (area code)

X4. WOULD YOU PLEASE GIVE US THE NAMES OF TWO PEOPLE WHO WILL KNOW YOUR WHEREABOUTS IN A YEAR SHOULD YOU NOT BE AT THIS ADDRESS.

CONTACT #1

Name:  
Address:  
Phone number: (Area Code)

CONTACT #2

Name:  
Address:  
Phone number: (area code)

THANK YOU FOR YOUR TIME  
WE HAVE REACHED THE END OF THE SURVEY  
INTERVIEWER GO BACK AND EDIT OR PRESS "1" TO CONTINUE

Q: THUMBNAIL

T:

Anything about the respondent or the interview situation  
That seems important for interpreting the information given?

**PHPP YOUNG PARENTS  
IN-DEPTH TELEPHONE INTERVIEW**

Respondent Name:

Age:

Sex:

Marital Status:

Spouse Age:

Number/Age of Children:

Employment:

In School:

Education Level:

Spouse Education Level:

Disability or Limitation of Family member:

Income Group:

Rural/Urban:

Hello, my name is \_\_\_\_\_ from the Population Research Laboratory. Is \_\_\_\_\_ at home?  
We made an appointment for an interview previously and I'm calling back to complete the interview. Is this a convenient time for you?

This interview is about your attitudes and actions around your and your family's well-being and health. In our previous interview, you answered general questions about your well-being and health. Now, I would like to speak with you in more detail about some of those questions.

Before we start, I'd like to assure you that your participation is voluntary and that any information you provide will be kept confidential. If there are any questions that you do not wish to answer, please feel free to point these out to me and we'll go on to the next question. Naturally you have the right to end the interview at any time.

I would like to tape this interview. After the interview, your responses will be transcribed and all identifying information will be omitted from our transcription. After the tape is transcribed, it will be erased. If you have any questions about the survey, you can call (collect) to the Study Supervisor (in Edmonton) at 492-2505, between 9:00 a.m. and 9:30 p.m., for further information.

May I have your permission to tape the interview?

(Note to interviewer: Elements in parentheses are to be used as probes only if needed.)

## **FAMILY & PERSONAL WELL-BEING AND HEALTH**

When you responded to our general survey on [enter date], you said that [enter responses to question E1] contribute to your family's well-being & health.

1. In what way do these things contribute to your family's well-being and health?

You also said that [enter responses to question E4] are barriers to YOUR FAMILY'S well-being & health.

2. How do these things prevent you and your family from achieving/maintaining well-being and health?
3. Are there any other things that you feel are important for maintaining and improving your family's well-being and health?

You mentioned some of the things that you and your family do to promote well-being and health in your family. [Enter responses from E3.]

4. What kinds of things make it possible for you to be able to do [Enter responses from E3]?
5. How did you learn that this would be a way to contribute to your well-being and health?
6. What part do you play in making sure that these things are available for your family?
7. What may get in the way of your being able to do this?
8. What kinds of support do you get when you do these things? (Does anyone, anything, make it easier for you to do the things that promote well-being and health in your family?)

## **CHANGES**

NOW I WOULD LIKE TO TALK TO YOU ABOUT SOME OF THE CHANGES YOU HAVE MADE, AND CHANGES THAT YOU PLAN TO MAKE.

You said that you have [enter responses to D2] in the past 12 months.

1. How do you think those changes contribute to your and your family's well-being and health?
2. What led you to make those changes?
3. Did you receive any help or support when you made those changes? (Who or what helped or supported you?)

You also said that you plan to make some changes in the future. [Enter responses from E7].

4. How do you think those changes will contribute to your family's well-being and health?
5. Who/what influenced you to think about making those changes?
6. What may get in the way of making those changes?
7. What would help you make those changes?

### **DAILY CHALLENGES**

1. What are the greatest challenges you face in your daily life?
2. How well do you think you cope with these challenges?
3. What do you do to help yourself and your family cope with these challenges?
4. What kinds of things would help you cope with these challenges better? (Refer to Section M results -- e.g., M9, support groups—formal and informal -- to see what sources respondent has used)

### **OTHERS' CONTRIBUTIONS TO FAMILY WELL-BEING AND HEALTH**

1. In what ways have others contributed to your well-being and health?  
(Friends, relatives, neighbours, government, professionals)
2. What do you think others could do to contribute to the well-being and health of families?
3. What would help others to help you out more?

### **OTHER COMMENTS**

Is there anything else you want to say about family and personal well-being and health?

### **HEALTHY COMMUNITY**

Respondent active community member: (Question F2)

Respondent attends church or religious services regularly: (Question F3)

In your previous interview you said that [Enter responses to F5] contribute to an healthy community.

1. In what way do these things contribute to a healthy community?

You said you promote well-being and health in your community by [Enter responses to F7].

2. How do these things contribute to your community? (Go to 4.)

OR, You said you don't do anything to promote well-being and health in your community.

2. What prevents you from promoting well-being and health in your community?
3. What would help you to be more active in your community?
4. What role do you think your community plays in contributing to your and your family's well-being and health?
5. What do you do to take advantage of the benefits of your community? (participation in groups, activities, use of programs and services)
6. Do you have anything you would like to add about healthy communities?

#### **INFORMATION ON WELL-BEING AND HEALTH**

1. Who (friends, parents, neighbours, doctors, counsellors, teachers) and what (newspapers, magazines, talk shows) plays a role in influencing and informing you about ways to promote your own and your family's well-being and health?

You said that [Enter responses from M4] are the topics on well-being and health that are of most interest to you.

2. What kind of information or advice do you look for?
3. When you need help or information for dealing with your own or your family's well-being and health, where do you go?
4. Are you generally satisfied with the information or advice that is available to you from these sources?
5. What else would help? (What kind of information do you need? What sources of information do you think should be available? Are there any problems getting information?)